

**BALTIMORE CITY
HEALTH DEPARTMENT**

**BUREAU OF
VITAL STATISTICS**

Birth Record

1875-1896

L01819-L02343

CR 77,464

MSA CM1135

Section
vol. 4.

150 8/2/895

and Miscel.

L-S stands for Lost Numbers

Numbered 1926

1875	2058-2159
1876	2056-57-59-60-61-62-63-64-66 2067-68 2297
1877	2069-70-71-72 2074 to 2086 incl 2162 to 2197 incl 2201 to 2218 incl
1878	2055

RETURN OF A BIRTH.

LO18

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 20 12 30 A.M. 1895*

4. Place of Birth (Street and Number) *112 Regent St*

5. Full Name of Mother *Agnes Josephine Watson*

6. Mother's Maiden Name *M. J. McGuire*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Thomas Watson*

9. Father's Occupation *Druggist*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *James E. Downie M.D.*

Address *1707 Balto St East*

Remarks

RETURN OF A BIRTH. L01820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 1st born

1. Sex, (state whether male or female)

2. *Race or Color (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*

5. *Mother's Maiden Name.*

Mother's Birthplace

Full Name of Father

Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks

[illegible]

RETURN OF A BIRTH. L01821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
 1. Sex, (state whether male or female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth, 25 June 95
 4. Place of Birth, (Street and Number) 1149 Riverside Ave.
 5. Full Name of Mother, Mary Garland
 6. Mother's Maiden Name, C. Pitts
 7. Mother's Birthplace, Balt
 8. Full Name of Father, John Garland
 9. Father's Occupation, lector
 10. Father's Birthplace, Balt
 Name of Medical Attendant, Mrs E. A. Brook
 Address, 1828 High St
 Remarks, Healthy

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. L01822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eight*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 24th*

4. Place of Birth, (Street and Number) *1840 Westphal Place*

5. Full Name of Mother, *Katharina Margaretha Wicker*

6. Mother's Maiden Name, *Pfisterer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Mrs. H. Wicker*

9. Father's Occupation, *Store Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. C. A. Brooks*

Address, *#1828 Light St.*

Remarks, *Doing well*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on the schedule provided for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the name of the practitioner of midwifery. In case the birth of any child shall occur upon the third day of each and every month, the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the month of the birth of such child, shall report its birth to the Commissioner of Health, in the manner provided in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29/95

4. Place of Birth, (Street and Number) 1540 S. Charles st

5. Full Name of Mother, Mary Funk

6. Mother's Maiden Name, Roeder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Funk Jr

9. Father's Occupation, Saloon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss E. A. Thacker

Address, #1828 High St

Remarks, Doing well

register of such birth, and shall enter the same on blank schedule. To be published by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the month, and shall set forth as follows: the full name of each child, the date and place of birth, the sex, color, race, and occupation of its parents, the date and place of birth of the mother, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, shall report the birth of the child to the Commissioner of Health, in the manner and with the provisions of the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

oww
RETURN OF A BIRTH. L01824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Naomi Emily Pugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 Jan 1895

4. Place of Birth, (Street and Number) 409 Maryland Ave

5. Full Name of Mother, Eliza M. Pugh

6. Mother's Maiden Name, Boyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank E. Pugh

9. Father's Occupation, Printing Pressman

10. Father's Birthplace, Camden New Jersey

Name of Medical Attendant, or other person who makes this Return, Wm. E. P. Brooks

Address, #1828 Light St

Remarks, Doing well

CORRECTED BY Bills Reed + M. A. Whelan
SEE DOCUMENT FILE NO. 105-10824
DATE 1/22/46 M. A. Whelan
CLERK

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and said schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child, and the date of birth, the full name and occupation of its parents, the date and place of birth, and the third day of each child delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, or if thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 24 1893
4. Place of Birth, (Street and Number) 1421 William St.
5. Full Name of Mother, Laura B. Sellman
6. Mother's Maiden Name, Day
7. Mother's Birthplace, Boston, Mass.
8. Full Name of Father, Rufus Stanton
9. Father's Occupation, Conductor B. O. & N. E.
10. Father's Birthplace, Martinsburg
Name of Medical Attendant, or other person who makes this Return, Mrs. E. M. Brooks
Address, #1828 Bright St.
Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall file the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the parents, the name of the child, the date of birth, the month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the name of the physician or practitioner in the form of a certificate, the name of the first and third attendants, the date and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be present, the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 Nov 1893

4. Place of Birth, (Street and Number) 109 W. 8th St

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, W. J. Smith

7. Mother's Birthplace, Balt

8. Full Name of Father, George Smith

9. Father's Occupation, Driver

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs. O. A. Brooks

Address, #1828 Light St

Remarks, Boiling well

RETURN OF A BIRTH. L01827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 November 1895

4. Place of Birth, (Street and Number) 1634 Miller

5. Full Name of Mother, Lily Strauss

6. Mother's Maiden Name, Ellen Strong

1. Mother's Birthplace, Massachusetts

8. Full Name of Father, Bernardus Sturis

9. Father's Occupation..... *Butcher*

10. *Father's Birthplace,* *Almgarten*

Name of Medical Attendant, or other person who makes this Return, Mrs. Edw. F. Johnson

Address, 133 Harrison Street

Remarks, *Mother and child were well*

RETURN OF A BIRTH. L01828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*.....29

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L01829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 November 1895

4. Place of Birth, (Street and Number) 220 Harrison St

5. Full Name of Mother, Kerrek Weissstein

6. Mother's Maiden Name, Reneke Weissstein

7. Mother's Birthplace, RUSSIA

8. Full Name of Father, Leopold Weissstein

9. Father's Occupation..... *Paints marker*

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, midwife 125 Mrs Emma Tabor

Address, 135, Harrison, Street

Remarks, Mother and child are well.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur at the residence of a physician or practitioner of midwifery, or should no other person be present at the birth, the physician or practitioner of midwifery, or should no other person be present at the birth, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 9 - 1895

4. Place of Birth, (Street and Number) 1737 Duncan Alley

5. Full Name of Mother, Eva Maginsky

6. Mother's Maiden Name, " Bealus

7. Mother's Birthplace, Poland

8. Full Name of Father, Vincent Maginsky

9. Father's Occupation, Tailor Poland

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Wm. J. Watson

Address, 1519 N. Broadway

Remarks, I am not certain whether I reported this before
So report it now to make sure of it

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if still living, the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and the day of delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and the day of delivery, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 25th 1895*
4. Place of Birth, (Street and Number) *323 S. Parrish St.*
5. Full Name of Mother, *Elizabeth Kernan*
6. Mother's Maiden Name, *Campbell*
7. Mother's Birthplace, *Ohio*
8. Full Name of Father, *James W. Kernan*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Ohio*
- Name of Medical Attendant, or other person who makes this Return, *H. W. Weber M.D.*
- Address, *723 W. Lombard St.*
- Remarks, *Natural Labor*

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the person or persons so failing to do so shall be liable to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 31, 1895

4. Place of Birth, (Street and Number) No. 614 N. Caroline St.

5. Full Name of Mother, Martha Jenkins

6. Mother's Maiden Name, Martha Purick

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Jenkins

9. Father's Occupation, Butcher

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Ray. A. Estwell M.D.

Address, 1241 Bayview Ave

Remarks, _____

SECTION 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who, under the provisions of the Act to amend the Act in relation to the registration of births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2, 1895
4. Place of Birth, (Street and Number) No. 1802 Harford ave.
5. Full Name of Mother, Edith Brown
6. Mother's Maiden Name, Edith Wilson
7. Mother's Birthplace, Maryland
8. Full Name of Father, George W. B. Brown
9. Father's Occupation, Photographer
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Aug. R. Blumell M.D.
- Address, 1802 Harford Ave.
- Remarks, _____

RETURN OF A BIRTH. L01834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 18 1895

4. Place of Birth, (Street and Number) 531 Spambert St

5. Full Name of Mother, Emma Brenner

6. Mother's Maiden Name, Emma Jealous

7. Mother's Birthplace, Howard County

8. Full Name of Father, James Brenner

9. Father's Occupation, Driver

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Fletcher Cotance

Address, 807 Preston St.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~Sept 1~~ Sept 1 1895
4. Place of Birth, (Street and Number) 2021 Pine St
5. Full Name of Mother, Mamie Marie Dorsey
6. Mother's Maiden Name, Mamie Morris
7. Mother's Birthplace, Fiskedale
8. Full Name of Father, Joe Dorsey
9. Father's Occupation, Seaborning
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Heater Colance
- Address, 509 Preston St
- Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 October 1895

4. Place of Birth, (Street and Number) 131 Spring St.

5. Full Name of Mother, Joseph Shiffer

6. Mother's Maiden Name, Hook

7. Mother's Birthplace, Austria

8. Full Name of Father, Joseph Shiffer

9. Father's Occupation, Agent Gross

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Altmark St.

Remarks, _____

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date and place of birth, the name and occupation of its parents, the date and place of birth of the first and second child, and the name and occupation of the mother, and the name and occupation of the father, and the name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 20

4. Place of Birth, (Street and Number)

701 North Dr.

5. Full Name of Mother,

Rosie Sachs

6. Mother's Maiden Name,

Rosie Gussinger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ernst Sachs

9. Father's Occupation

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Joseph H. Hume

Address,

67 Franklin Avenue

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and the names of the persons for whom the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, date and place of birth, and the name of the practitioner in the case of a child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-15-59
RETURN OF A BIRTH. L01838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Sharp
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 12th 1895*
4. Place of Birth, (Street and Number) *128 W. Lee St.*
5. Full Name of Mother, *Annie Sharp*
6. Mother's Maiden Name, *Prior*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Clarence Sharp*
9. Father's Occupation, *Glass-blower*
10. Father's Birthplace, *Balto.*
Name of Medical Attendant, or other person who makes this Return, *J^m Lomblin D.*
Address, *837 W. Fayette St.*
Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, including the name of the child, the date and place of birth, the sex, race or color, the full name and occupation of its parents, the date and place of birth; and the name of the practitioner in the form of a certificate between the first and second attendances upon the mother, immediately thereafter, it shall be the duty of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 4th 1895
4. Place of Birth, (Street and Number) 925 Broth St
5. Full Name of Mother, Lena Chew
6. Mother's Maiden Name, Lena Cornwall
7. Mother's Birthplace, Morland
8. Full Name of Father, Albert Chew
9. Father's Occupation, Porter
10. Father's Birthplace, Morland
- Name of Medical Attendant, or other person who makes this Return, Heester Tolance
- Address, 507 Preston St
- Remarks, _____

[illegible]

RETURN OF A BIRTH. L61840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 12 - 1895

4. Place of Birth, (Street and Number) 141 Race St

5. Full Name of Mother, Mrs. Schultze

6. Mother's Maiden Name, Maries Haller

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm. H. Schultze

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. R. Brooks

Address, 1828 Bight St

Remarks, Doing well

RETURN OF A BIRTH. L01842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec-31-1951

4. Place of Birth, (Street and Number) 1211 E. 1st Ave

5. Full Name of Mother, Rosa F. Brest

6. Mother's Maiden Name, Rosa C. [unclear]

7. Mother's Birthplace, San Francisco, Calif.

8. Full Name of Father, Anthony J. Freda

9. Father's Occupation, Chief Clerk

10. *Father's Birthplace*, *Peru, S. A.*

Name of Medical Attendant or other person who Dr. J. H. Jones

Address, 2800 E. 12th St. - Tulsa, Okla.

Remarks,

Wm J C. Inlany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the Commissioner of Health, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 11 1895
4. Place of Birth, (Street and Number) 1217 Belmar Alley
5. Full Name of Mother, Mary Harris
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Harris
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Heester D. Stance
- Address, 529 Preston St.
- Remarks, _____

RETURN OF A BIRTH. L01844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 25th 1895

4. Place of Birth, (Street and Number) 5-17 Walnut St

5. Full Name of Mother, Jessie M. Tishel

6. Mother's Maiden Name, Jessie Waters

7. Mother's Birthplace, Frederick and County

8. Full Name of Father, William M. Tishel

9. Father's Occupation, Leaving

10. Father's Birthplace, Dumfries Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Tishel

Address, 5-17 Walnut St

Remarks, _____

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth; and the said schedule shall be delivered, with the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 1/2 1895

4. Place of Birth, (Street and Number) 28 E. Cross St

5. Full Name of Mother, Minnie C. Crumbolt

6. Mother's Maiden Name, " " Brickman

7. Mother's Birthplace, Balt

8. Full Name of Father, William C. Crumbolt

9. Father's Occupation, Driver

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs. G. A. Brooks

Address, # 1828 Spight - St -

Remarks, Baby Well

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered thereon, and shall set forth as far as possible the full name and occupation of its parents, the date and place of birth, and the sex, race or color, (if not of the white race), and the date of birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the physician or practitioner of medicine attending upon the mother, immediately thereafter, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 03 Dec 1896

4. Place of Birth, (Street and Number) 1625 Marshall St

5. Full Name of Mother, Anna Stewart

6. Mother's Maiden Name, Castell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Stewart

9. Father's Occupation, Capt. Marine

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brooks

Address, 1828 High St

Remarks, Young Well

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore during the month in which the birth occurred, and shall be filled up by the midwife or other person who shall have charge of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, and if such person or persons shall fail to do so, they shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Dec 1895
4. Place of Birth, (Street and Number) Moro 108
5. Full Name of Mother, Ann M. Hill
6. Mother's Maiden Name, McCarthy
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Michael Hill
9. Father's Occupation, Mariner
10. Father's Birthplace, Balt
Name of Medical Attendant, or other person who makes this Return, Mrs O. A. Brooks
Address, #1828 Bright St.
Remarks, Doing well

any person who registers as a practitioner under this act shall keep a true and correct register of all births which enter his or her office during the month of each year, and shall set forth as the same can be ascertained the full name of each child, (if any) shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and in accordance with the provisions of section thirty-four of chapter one hundred and twenty-five of the laws of 1897, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fines of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) W. Ind.

3. *Date of Birth,*..... *Dec 23 1893*

4. *Place of Birth, (Street and Number)*..... 1317 E. 20th St. Ballt

5. Full Name of Mother, Maud W. Perry

6. *Mother's Maiden Name,* _____ " *Baughman*

7. Mother's Birthplace,-----

8. Full Name of Father, Richard C. Brown

9. Father's Occupation ----- *Base Ball Player*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Groden

Address, 1000 Holman St.

Remarks,

RETURN OF A BIRTH. L01849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, Born December 23rd
 Place of Birth, (Street and Number) 324 Prince St
 Full Name of Mother, Annie Doll
 Mother's Maiden Name, Anna Jew Park
 Mother's Birthplace, Baltimore City
 Full Name of Father, Wm. Crum Dalt
 Father's Occupation, House Painter
 Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other person who makes this Return, Chas. Barth Goulburn
 Address, 1814 Dorsey St
 Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of all births occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month, to the Registrar of Births, and to the Commissioner of Health, and to the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 23

4. Place of Birth, (Street and Number)

33 Hopkins St

5. Full Name of Mother,

Mrs Mary Schmidt Baughman

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Me

8. Full Name of Father,

Chas Baughman

9. Father's Occupation

Shoe Cutter

10. Father's Birthplace,

Me

Name of Medical Attendant, or other person who makes this Return,

B. B. Smith

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, sex, color, the full name and occupation of its parents, the date and place of birth; and the month, inferred from the day, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the physician or practitioner shall appear upon the mother, immediately after the birth, and shall file a certificate of birth with the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children as Girl

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd of December 1895

4. Place of Birth, (Street and Number) 7712 Crystal Ave

5. Full Name of Mother, Therese Lineman

6. Mother's Maiden Name, Therese Sellenguloh

7. Mother's Birthplace, Germany

8. Full Name of Father, H. Bernard Lineman

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. Marie Elias

Address, 1625 Hopkins Ave

Remarks, 1625 Hopkins Ave

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, and the name of the physician or practitioner of medicine, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5
1. Sex, (state whether male or female).....Male
2. Race or Color, (if not of the white race).....White
3. Date of Birth,.....23 December 1895
4. Place of Birth, (Street and Number).....2121 Huron str.
5. Full Name of Mother,.....Lise Kilmarer
6. Mother's Maiden Name,.....Lise Kervilly
7. Mother's Birthplace,.....Baltimore
8. Full Name of Father,.....L. Kilmarer
9. Father's Occupation,.....Labor
10. Father's Birthplace,.....Baltimore
- Name of Medical Attendant, or other person who makes this Return,.....Lise Sautera
- Address,.....116 Durham str.
- Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and for failure to do so shall be liable to a fine of not less than ten nor more than fifty dollars, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 23, 1895

4. Place of Birth, (Street and Number) 506 Vincent St.

5. Full Name of Mother, Mary Jane Weston

6. Mother's Maiden Name, Mary Jones

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Benjamin Weston

9. Father's Occupation, Butcher

10. Father's Birthplace, West River Ind.

Name of Medical Attendant, or other person who makes this Return, Louise Estow, M.D.

Address, 410 W. Hoffman St.

Remarks, _____

and more under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of all births occurring within this schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 24, 1895

4. Place of Birth, (Street and Number) 922 N. Eden St.

5. Full Name of Mother, Sophia F. Reinhold

6. Mother's Maiden Name, Metzger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Reinhold

9. Father's Occupation, Anything

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. H. Seldner M. D.

Address, 1007 E. Eager St.

Remarks, _____

Practitioner under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, within the month, and shall set forth as far as the same can be ascertained, the names of the child, the names of the parents, the date and place of birth; and the sex, race or color, and the date of delivery. The practitioner shall deliver daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother to report the birth to the Commissioner of Health, and to file a true and correct copy of the schedule with him, within the period above required, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Dec - 1895
4. Place of Birth, (Street and Number) 1231 Light St
5. Full Name of Mother, Rosa E. Scott
6. Mother's Maiden Name, Blair
7. Mother's Birthplace, Balto
8. Full Name of Father, George E. Scott
9. Father's Occupation, Retired at Baltimore City
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs W A Brooks
- Address, 1828 Light St
- Remarks, Very Well

reg. after such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of a month, the practitioner shall deliver the schedule to the office of the Commissioner of Health, immediately thereafter, it shall become the duty of the practitioner to deliver the schedule to the office of the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-9-56
RETURN OF A BIRTH. LG1856
CERTIFICATE CORRECTED 11-26-56
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stephen Thomas Kuchka Kuchta
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *24th December 1895*

4. Place of Birth, (Street and Number) *1235 Hare St*

5. Full Name of Mother, *Augusta Kuchka*

6. Mother's Maiden Name, *Kitchel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Johan Kuchka*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. P. Liersemann*

Address, *1235 Hare St.*

Remarks,

Every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be provided for that purpose by the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of any medical attendant, or should no other person be in attendance, the midwife or other person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 24th 1895
4. Place of Birth, (Street and Number) 228 Union Ave.
5. Full Name of Mother, Mary Herman
6. Mother's Maiden Name, Garry
7. Mother's Birthplace, Maryland
8. Full Name of Father, Michael Herman
9. Father's Occupation, Labour
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, R. B. Normant
- Address, 320 Falls Road.
- Remarks, _____

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the child, the name of the mother, the date of birth, the sex, color, the full name and occupation of its parents, the place of birth, and the date of each and every birth occurring during the year. In case the birth occurs without the attendance of a physician, the midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner provided in this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 191858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Wh*

3. Date of Birth, *Dec. 24 - 95*

4. Place of Birth, (Street and Number) *701 W Lexington St.*

5. Full Name of Mother, *Sadie Harris*

6. Mother's Maiden Name, *Sadie Rosenberg*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Solomon Harris*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Chas. F. Bloke, M.D.*

Address, *1503 E Balto St.*

Remarks, _____

in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a book, and correct the same, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its mother, the date and place of birth; and the name of the medical attendant, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the name of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall forward the same to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8. d.*

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *7. 10.*
3. Date of Birth, *Dec. 24. (8. A. P. M.)*
4. Place of Birth, (Street and Number) *313. E. Baltimore Street.*
5. Full Name of Mother, *Helene Marie Meyer,*
6. Mother's Maiden Name, *Borne*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Ludwig Meyer,*
9. Father's Occupation, *Lab. Wr.*
10. Father's Birthplace, *Hamburg - Germany.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Hannus*

Address, *632. N. Fremont Ave.*

Remarks,

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, the age of each child, the sex of each child, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and the third day of each and every month to a physician or practitioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, it shall become the duty of the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health. In case the mother or parents of such child fail to report its birth to the Commissioner of Health, in the manner and within the period herein required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)...*

3. *Date of Birth*, 24 Dec

4. Place of Birth, (Street and Number) 2 Union Ave

5. Full Name of Mother, Florence Zink

6. *Mother's Maiden Name,* _____ *11 Moslein*

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas J Girck

9. Father's Occupation, Shipping Clerk

10. *Father's Birthplace,* 11 Balts

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, _____ 942 W Bay St

Remarks,

RETURN OF A BIRTH. L01861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)*...

3. *Date of Birth,* 24 Dec

4. *Place of Birth, (Street and Number)* 1105 E Chase St

5. Full Name of Mother, Annui Loge

6. *Mother's Maiden Name,* _____ " *Keller*

7. Mother's Birthplace, Ireland

8. Full Name of Father, Tames Loal

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Gross

Address, _____
Remarks, _____

Remarks, -----

register of such birth, and shall enter the same on the schedule, to be furnished by the Commissioner of Health. This schedule shall be a list of the births which have occurred under his or her care, and shall be signed by the Commissioner of Health, or by a physician or practitioner of medicine, or by a nurse, or by a person or persons who shall be appointed by the Commissioner of Health, in the manner and to the effect provided in this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 24/1895
 4. Place of Birth, (Street and Number) Charter st 214
 5. Full Name of Mother, Mary Beckenbush
 6. Mother's Maiden Name, Garnier
 7. Mother's Birthplace, Garnier
 8. Full Name of Father, John Beckenbush
 9. Father's Occupation, Color
 10. Father's Birthplace, Garnier
- Name of Medical Attendant, or other person who makes this Return, Mary Hopkins
- Address, 10 Washington st 205
- Remarks, _____

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 47

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec 24 / 93-

4. Place of Birth (Street and Number), St. Ann's Ave

5. Full Name of Mother, Kate Holmes

6. Mother's Maiden Name, *M Donald*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Holmes*

9. Father's Occupation, *Thomas Holmes & Son Smith*

10. Father's Birthplace, Chilmark
Bathurst

Name of Medical Attendant, or other person who makes this Return. *D. A. Monmonies MD*
Address *Baltimore*

Address, 634 Corvach Ave.

Remarks, _____

Health. This schedule shall be filled out by the physician or other person who shall attend the birth, and shall be set forth as follows: (1) The date of birth, (2) the sex, (3) the color, (4) the full name, (5) the date of birth, (6) the place of birth, (7) the name of the mother, (8) the name of the father, (9) the occupation of the father, (10) the birthplace of the father, (11) the name of the medical attendant, (12) the address of the medical attendant, (13) the remarks. This schedule shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be kept on file for a period of ten years. In case the birth of any child shall occur without the attendance of a physician or other person, the parent or person in charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 6-28-56
RETURN OF A BIRTH. L01864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Henry ~~Early~~ Watts
No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, etc.) 4th child.

1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Dec 25 1895
 4. Place of Birth, (Street and Number) 353 Rose St
 5. Full Name of Mother, Mary V. Watts
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, R. Walter Watts
 9. Father's Occupation, Porter.
 10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Lwisa Lane
Address, 644 Jasper St. City.
Remarks, Baller City

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 25th 1895

4. Place of Birth, (Street and Number) 502 Short St

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, Gatz

7. Mother's Birthplace, Bella. Ind

8. Full Name of Father, Melchior Miller

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Sawyer M.D.

Address, 439 W. Central Ave.

Remarks, _____

Section 2.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the charge or superintendence of the Registrar of Births, shall keep a true and correct register of such births, and shall enter the same on blank schedules provided for that purpose by the Registrar of Births, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of its birth, the sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the physician or practitioner of midwifery to whom it shall become the duty of the person or persons of such child to report its birth to the Registrar of Births, and shall comply with the provisions of this section, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. LG1866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 25 1895

4. Place of Birth, (Street and Number) 613 Pierce St

5. Full Name of Mother, Maggie Smith

6. Mother's Maiden Name, Maggie Smith

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank Smith

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M.D.

Address, And Genl Hospital

Remarks, _____

RETURN OF A BIRTH. L01868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number). 414 S. Collington Ave.
5. Full Name of Mother. William L. ...

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L01870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....7

1. Sex, (state whether male or female)..... Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 25 1895

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

3. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

3. *Full Name of Father,*

10. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

Wm. J. C. Dulsny Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) girl

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, Dec 25 1890

4. Place of Birth, (Street and Number) Albany

5. Full Name of Mother, Ami B

6. Mother's Maiden Name, Amme B

7. Mother's Birthplace, Bah

8. Full Name of Father: Bohaine

9. Father's Occupation *Chloride*

9. Father's Occupation..... Labo

10. Father's Birthplace, Bohemia
 Name of Medical Attendant,

Name of Medical Attendant, or other person who makes this Return Max

Address, APW 101

Remarks, *Ch. Northing*

.....

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the charge and superintendence alibirth register of such birth shall, before he or she shall enter the same on blank schedule, shall keep a correct register of such births, and shall set forth on the list of the births which have occurred under his or her care during the year, and shall set forth, as far as the name can be ascertained, the full name of each child; if any shall have been conceived still sex, color, the full name of the occupation of its parents, the date and place of birth; and the third day of such child shall be delivered, duly signed by the practitioner in the form of a certificate, shall occur within the first month of the year, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be a child to report its birth to the office of the Commissioner of Health, it shall be the duty of the person in charge of such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any child shall be born, shall keep a true and correct record of such birth, and shall enter the same on his or her schedule, to be furnished by the Commissioner of Health, and shall set forth therein, as the same can be ascertained, the full name of each child, the date and place of its birth, the sex, color, and occupation of its parents, the date and place of its birth, and the name of the physician or practitioner in the form of a certificate between the physician or practitioner and the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to the Commissioner of Health, in the manner and within the time and under the conditions above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 25 1893

4. Place of Birth, (Street and Number) Chapin st 817

5. Full Name of Mother, Mary Mlima

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Bohannon

8. Full Name of Father, John

9. Father's Occupation, Joseph Mlima

10. Father's Birthplace, Bohannon

Name of Medical Attendant, or other person who makes this Return, Mary Proffitt

Address, Washington st 200

Remarks, _____

SECTION 7. - And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, or whose charge or superintendence a birth shall occur, shall, on or before the first day of each month, enter the same on a blank schedule, which shall be furnished by the Commissioner of Health. This schedule shall be numbered and shall set forth as far as the law can be ascertained the full name of each child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur upon the mother, the midwife, or any other person, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Return of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01873
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec. 25th - 1895.
4. Place of Birth, (Street and Number) 647 N. Calhoun St.
5. Full Name of Mother, Sarah H. Goldsmith.
6. Mother's Maiden Name, Windsor.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Frank J. Goldsmith.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Mississippi.
- Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith, M.D.
- Address, 647 N. Calhoun St.
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26 1895

4. Place of Birth, (Street and Number) Lancaster St 116 C

5. Full Name of Mother, Mary Ozkenecky
6. Mother's Maiden Name

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Oakenshaw

9. *Father's Occupation*..... *Laborer*

0. Father's Birthplace, Behaimen

Name of Medical Attendant, or other person who makes this Return, Mary Baptis

Address, *St Washington 205*

Remarks

Remarks, _____

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur shall keep a true and correct register of the same. This register shall be a book or books, to be provided by the person so practicing, and shall be kept in a safe place, and shall be open to the inspection of the Commissioner of Health at any time. This register shall contain a list of the births which have occurred, and shall be filled out by the person so practicing, and shall be kept in a safe place, and shall be open to the inspection of the Commissioner of Health at any time. This register shall contain a list of the births which have occurred, and shall be filled out by the person so practicing, and shall be kept in a safe place, and shall be open to the inspection of the Commissioner of Health at any time. This register shall contain a list of the births which have occurred, and shall be filled out by the person so practicing, and shall be kept in a safe place, and shall be open to the inspection of the Commissioner of Health at any time.

RETURN OF A BIRTH. L01875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 26th 1895

4. Place of Birth, (Street and Number) 2143 Pennsylvania Ave.

5. Full Name of Mother, Mrs. Edith Reynolds,

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Somerset Co., Md.

8. Full Name of Father, Mr. Harry Sanford Reynolds

9. Father's Occupation, Engineer

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Dr. E. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks, _____

Section 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge and attendance a birth shall hereafter take place, shall be required to correct the register of such birth, and shall enter the same in the birth schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date of birth, and the day of each and every month to which the child shall be delivered, and shall report its birth to the Commissioner of Health, in the manner and form provided for in this section, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26th 1891
4. Place of Birth, (Street and Number) 902 Catherine St
5. Full Name of Mother, Nannie McCullough
6. Mother's Maiden Name, Levitt
7. Mother's Birthplace, Maryland
8. Full Name of Father, Elisha M. McCullough
9. Father's Occupation, Editor
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, R. B. Hornum M.D.
- Address, 320 Falls Road
- Remarks, _____

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall be and correct register of such birth, and shall enter the same in a book to be provided for that purpose, and correct Health Officer of the City of Baltimore, and shall set forth in said book, under each birth, the name of the child, its sex, color, the name and occupation of its parents, the date of birth, the place of birth, and the day of each and every month to the officer or the practitioner in the form of a certificate, and the said certificate shall be delivered to the Commissioner of Health. In case the health officer of any child shall occur without the attendance of a physician or the practitioner of midwifery, or should no other child attend upon the mother, immediately thereafter it shall be the duty of the person or persons of any child to report the same to the Commissioner of Health, in the manner and to the effect herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 191877
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 26 '95

4. Place of Birth, (Street and Number) 1075 Court Lane

5. Full Name of Mother, Louisa Cressig

6. Mother's Maiden Name, Betz

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Charles Cressig

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Waller St

Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race):

3. *Date of Birth,*.....

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*-

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Sec. 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under and against superintendence a birth shall be required to register of such births, and to report the same on blank schedule, to be furnished, shall keep a true and correct Health. This schedule shall contain a list of all the births, which have occurred under his or her commission of Health, and set forth as far as the same can be ascertained, the full name of each child, the commissioner of Health conferred the duty, the full name and occupation of its mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, and the same shall occur upon the attendance of the mother, or practitioner of midwifery, or should the birth of any child occur without the attendance of the mother, immediately thereafter, to the office of the Commissioner of Health, to report its birth to the Commissioner of Health, in compliance with the provisions of this section shall be in any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

10. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or attendance a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same in a book or books to be furnished by the Commissioner of Health, and this schedule shall contain a list of the births which have occurred under his or her care during the month and year in which they have occurred, and shall be set forth as far as the same can be ascertained, to be furnished by the Commissioner of Health, and when conferred to him, the full name and occupation of its parents, the name and place of birth, and the date and place of birth, and the name and place of each child, if any shall have been born, shall be duly signed by the practitioner in the form of a certificate, and the same shall be retained by the practitioner in the form of a certificate, and in case of a birth occurring between the first and third day of each and every month, the practitioner shall report to the Commissioner of Health, in person or by a duly authorized agent, the name and date of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 191880

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 26th 93

4. Place of Birth (Street and Number) 1609 Abbot st

5. Full Name of Mother Ann Maria Mach

6. Mother's Maiden Name R. Smith

7. Mother's Birthplace Scranton, Penna,

8. Full Name of Father Louis Mach

9. Father's Occupation Cigar Maker

10. Father's Birthplace Blohemia

Name of Medical Attendant, or other Person who makes this Return. Chas. B. Fung in MD

Address 720 N. Power

Remarks

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct record of the same, and shall enter the same on blank schedule, to be provided by the Commissioner of Health, and shall set forth as far as in a list of the births which have occurred under his or her charge, during the month, and shall confer its sex, color, the full name of its parents, the date and place of birth; and the name of the child, and the name of the physician or practitioner of midwifery, in case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, and no other person be in attendance upon the birth, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 191881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *641 Wythe St. Dec 27/95*
 4. Place of Birth, (Street and Number) *641 Wythe St.*
 5. Full Name of Mother, *Ann M. Koenig*
 6. Mother's Maiden Name, *Brockmuhlheim*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *John A. Koenig*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Thos M. Lampman M.D.*
- Address, *412 S. Paca St.*
- Remarks, _____

LG1882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... Colored
3. Date of Birth,..... 1117 Whatevah Street
4. Place of Birth, (Street and Number)..... Dec. 22, 1895
5. Full Name of Mother,..... Lula Woodner
6. Mother's Maiden Name,..... Lula Bonner
7. Mother's Birthplace,..... Baltimore Maryland
8. Full Name of Father,..... George Woodner
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return,..... 337
Address,..... Miss Maria Jones.
Remarks,..... 1337 Whatevah Street

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under who shall be licensed by the Board of Health, shall keep a true and correct register of such birth, and shall enter the same in a book to be kept by him or her, and shall be subject to the inspection of the Board of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L01883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Dec. 27 / 90

4. Place of Birth, (Street and Number) 602 S. Ann St.

5. Full Name of Mother, Mary Roddy.

6. Mother's Maiden Name, Mary Nevea

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Thomas Roddy.

9. Father's Occupation, Engineer.

10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, H. G. Hymann.

Address, 1572 E. Preston St.

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register of the births which shall be furnished by the Commissioner of Health. This schedule shall be entered under his or her care during the month, and shall set forth as follows: the name of the child, the date of birth, the place of birth, and the name of the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons who attend upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27 1895
4. Place of Birth, (Street and Number) Bradford at 424
5. Full Name of Mother, Annie Gross
6. Mother's Maiden Name, Gross
7. Mother's Birthplace, Germantown
8. Full Name of Father, John Gross
9. Father's Occupation, Laborer
10. Father's Birthplace, Germantown

Name of Medical Attendant, or other person who makes this Return, Mary Heptis

Address, 412 Washington St

Remarks, _____

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge and attendance a birth shall hereafter take place, shall be required to file with the Registrar of Births, and shall enter on a blank schedule, to be furnished by the Commissioner of Health, the name of each child, (if any shall have been born), the date and place of birth; and the name of the mother, and the name of the father, and the name of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons who shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27 1895
4. Place of Birth, (Street and Number) Spurter St 911
5. Full Name of Mother, Barbara Dubikal
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Anton
8. Full Name of Father, Dubikal
9. Father's Occupation, Bohaimer
10. Father's Birthplace, Gabor
- Name of Medical Attendant, or other person who makes this Return, Mary Kaptis
- Address, 11 Washington St 200
- Remarks, _____

Na

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- WM. J. O. DULANY & CO , CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. LG1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female).....Male.....

2. Race or Color, (if not of the white race). white

3. Date of Birth, 27 Dec

4. Place of Birth, (Street and Number)..... 1514 Federal St

5. Full Name of Mother, Hannah Mangat

6. Mother's Maiden Name, Harriet Ellis

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles W. Mangler.

9. Father's Occupation..... *Farmer*

10. Father's Birthplace, Waltham, Mass.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. B. Smith Midwife

Address, 1417 E. Taylor St.

Remarks,

[illegible]

RETURN OF A BIRTH. L01688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12.

1. *Sex, (state whether male or female)*

Male

2. Race or Color, (if not of the white race)

(While

3. Date of Birth, Dec 27 1955

Dec 27 10 95

4. *Place of Birth, (Street and Number)*

2617 Francis St

5. *Full Name of Mother,*

Mary F. Rushaw

6. *Mother's Maiden Name,*

"J" "Malone"

7. *Mother's Birthplace,*

McComico Co

8. *Full Name of Father.*

Mrs. E. Purshaw

9. *Father's Occupation.*

Sailor

10. *Father's Birthplace,*

Sonnet

Name of Medical Attendant, or other person who makes this Return,

L. F. Frey, Jr.

Address, 2414

2414 DK Arc

Remarks.

SACRIFICE.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall cause the same to be entered in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the persons who have been born in this city during the month, and shall set forth as far as the same can be ascertained the full name and place of birth of each person so born, and shall be delivered to the Commissioner of Health, under his or her care during the month conferred by its sex, color, the full name and occupation of its parents, the date and place of birth, and the names of each and every person who has attended the birth, and the date and place of birth of each child so born, and shall occur without attendance upon the mother, immediately signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be countersigned by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family that report its birth to the Commissioner of Health, in the manner and within the time required, and in conformity with the provisions of this section, to cause the same to be entered in the schedule aforesaid, and subject to the fine of ten (10) dollars each offence, to be recovered as other fines and forfeitures are recovered, and to be paid to the City of Baltimore.

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, before the birth of each child, enter the name of the child, its sex, color, the full name and occupation of its mother, the date of birth, the place of birth, and the name of the person attending the birth, in the list of the births which have occurred under his or her care during the month, and shall set forth as far as the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and shall immediately thereafter, if he or she be a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L61889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 27, 1893
4. Place of Birth, (Street and Number) 410 Hoffman St. W.
5. Full Name of Mother, Mary Elizabeth Davis
6. Mother's Maiden Name, Mary Bentley
7. Mother's Birthplace, Hatfield, Cal. Ind.
8. Full Name of Father, Eugene Davis
9. Father's Occupation, Porter
10. Father's Birthplace, Belair, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D.

Address, 410 W. Hoffman St.

Remarks, _____

RETURN OF A BIRTH. L01890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....white

3. *Date of Birth*, Dec. 27, 1895

4. Place of Birth, (Street and Number).....1808 St. Paul

5. Full Name of Mother, Mary Wallace Williams

6. Mother's Maiden Name, Wallace

7. Mother's Birthplace, Calif. Cal. Md.

8. Full Name of Father, J. E. Williams

9. Father's Occupation, Minister.

10. Father's Birthplace, Caroline Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall retain a list of the births which have occurred under his or her care during the month, and shall send forth as furnished by the Commissioner of Health, a copy of such list, containing the date, sex, color, the full name and occupation of its parents, the date and place of birth, the name of the child, and the name of the practitioner, to be delivered to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27th 1895

4. Place of Birth, (Street and Number) 2036 N. Bager St.

5. Full Name of Mother, Ann Mary Siskel

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Balt

8. Full Name of Father, Edward C. Siskel

9. Father's Occupation, Milkman

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, W. H. Siskel M. D.

Address, 150 N. Bager St.

Remarks, _____

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall keep a true and correct register of such births as shall be reported to him or her by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every such birth, and shall also set forth the name of the physician or practitioner of medicine who attended upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-28-55
RETURN OF A BIRTH. L01892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Evelyn G. Seldner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 27/95

4. Place of Birth, (Street and Number)

Waltham

5. Full Name of Mother,

John Seldner

6. Mother's Maiden Name,

John Keller

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George Seldner

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Dr. Polk

Address,

203 S. Main St.

Remarks,

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register of such births and shall, at the expiration of each month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27th Dec 1895

4. Place of Birth, (Street and Number) 521 E Fort Ave

5. Full Name of Mother, Carrie Rice

6. Mother's Maiden Name, Wiltner

7. Mother's Birthplace, Frederick Md

8. Full Name of Father, William A Rice

9. Father's Occupation, Laborer

10. Father's Birthplace, Greenfield Mass

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the following information: (1) The date and place of birth; (2) The sex, color, race or color, the full name and occupation of its parents, the date and place of birth; and the date and place of birth of the child; (3) The name and occupation of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the name and occupation of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male - George Bernard Duffey
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27, 1893
4. Place of Birth, (Street and Number) 837 Canton St.
5. Full Name of Mother, Ella Duffey
6. Mother's Maiden Name, Ella Duffey
7. Mother's Birthplace, Balt
8. Full Name of Father, Bernard Duffey
9. Father's Occupation, Horse Shoer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary A. Swaine

Address, 824 Canton St

Remarks, Full name of child added by sister upon applying for a transcript. Mrs. E. E. Russell sister of E. Duffey Reg. J. August 7-1933

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall take place shall be bound to file and deliver to the Registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date of birth, the race or color, the sex, the place of birth, and the name of the practitioner in the form of certificate, and shall be delivered daily signed by the practitioner on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

RETURN OF A BIRTH. L01895
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 27/95
4. Place of Birth, (Street and Number) 117 N. Patterson Park Ave.
5. Full Name of Mother, Louisa Baity
6. Mother's Maiden Name, Otto
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Baity
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Mrs. Leinenhoyer
Address, 2225 Gough Str.
Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the laws of the State of Maryland, shall be required to file with the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the name of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L61896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 28, 1895*

4. Place of Birth, (Street and Number) *1606 N. Chester St.*

5. Full Name of Mother, *Mary Hiltz*

6. Mother's Maiden Name, *Mary Ewing*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Albert Hiltz*

9. Father's Occupation, *Piano finished*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *J. Markenet*

Address, *1701 N. Caroline St.*

Remarks, _____

RETURN OF A BIRTH. L01897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)..... *T. crugalis*

2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 28 - 45

4. Place of Birth, (Street and Number) 1338 Hickman St.

5. Full Name of Mother, Elizabeth B. McShaw.

5. Full Name of Mother, Elizabeth A. Patterson
6. Mother's Maiden Name, " " " Patterson

6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland.

7. Mother's Birthplace, Germany
8. Full Name of Father, Timothy P. McShaw.

8. Full Name of Father,
9. Father's Occupation, *Iron Moulder.*

9. Father's Occupation,
10. Father's Birthplace, Ba. to.

Name of Medical Attendant, or other person who makes this Return, W B Reilly

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall be furnished by the Commissioner of Health with a schedule containing a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the place of birth, and the month, and shall set forth, also, the full name and occupation of the father of each child. The schedule so prepared shall be delivered, duly signed and attested in the form of a certificate between the first and third day of each and every calendar month, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the third day of any month, the schedule shall be delivered to the office of the Commissioner of Health on the third day of the following month. Immediately thereafter it shall become the duty of the person or persons of such family to report to the Commissioner of Health, in the manner and to the effect of the provisions of this section, shall be such any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... /
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *Dec 28 1895*
4. Place of Birth, (Street and Number)..... *Fleming st 1632*
5. Full Name of Mother,..... *Mary Popel*
6. Mother's Maiden Name,.....
7. Mother's Birthplace,..... *Bohaimen*
8. Full Name of Father,..... *John Popel*
9. Father's Occupation..... *Laborer*
10. Father's Birthplace,..... *Bohaimen*
- Name of Medical Attendant, or other person who makes this Return,..... *Mary Shapiro*
- Address,..... *1700 Washington st 20208*
- Remarks,.....

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and in the County of Baltimore shall be and he or she shall cause to be kept a true and correct record of all births occurring in the City and County of Baltimore, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and shall be signed by the practitioner of midwifery, or should no other person be in attendance at the birth, by the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 28 1895
4. Place of Birth, (Street and Number) Levin at 407
5. Full Name of Mother, Anna McLoeik
6. Mother's Maiden Name, Bokainen
7. Mother's Birthplace, Bokainen
8. Full Name of Father, Henry McLoeik
9. Father's Occupation, Taylor
10. Father's Birthplace, Bokainen
- Name of Medical Attendant, or other person who makes this Return, Mary Kopter
- Address, SP Washington at 208
- Remarks, _____

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his charge, and shall be in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Board of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 28 1895
4. Place of Birth, (Street and Number) Washington St. 919
5. Full Name of Mother, Annie Break
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Break
9. Father's Occupation, Lab or
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. K. K.
- Address, 205 Washington St.
- Remarks, _____

SECTION 7. - And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall be required to keep a register of the births of children born in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

RETURN OF A BIRTH. L01901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 2-19-53 Name Charles Bernard Mockard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 28th 1895
 4. Place of Birth, (Street and Number) 414 W 23rd St
 5. Full Name of Mother, Maggie Wilson Mockard
 6. Mother's Maiden Name, Maggie Wilson
 7. Mother's Birthplace, Penn
 8. Full Name of Father, Elmer Mockard
 9. Father's Occupation, Fireman (RR)
 10. Father's Birthplace, Penn
- Name of Medical Attendant, or other person who makes this Return, W. E. Evershart M.D.
- Address, W 23rd St
- Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on the said schedule, which shall be kept by him or her, and shall be subject to the inspection of the Commissioner of Health. Consistent with the health of the child, and of the mother, and of the public, the following shall be required to be entered on the said schedule, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and if the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or parents of such child, or the mother, immediately thereafter, it shall be the duty of the person or persons so attending, to cause such child to report its birth to the Commissioner of Health, in the same manner and within the period above required, and in compliance with the provisions of this section shall be subject to the same penalty as is provided for any child who fails to comply with the provisions of this section. shall be subject to the same penalty for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 9^d.....

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth, Dec. 29th 1888 (8. 20. P. M.)
 4. Place of Birth, (Street and Number) 1224 Germania Alley
 5. Full Name of Mother, Maria Elisabeth Wehmann
 6. Mother's Maiden Name, Dühring
 7. Mother's Birthplace, Balt. Mt.
 8. Full Name of Father, Heinrich Ludwig Wehmann
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Markenbrunn 4. Pommern - Germany
 Name of Medical Attendant, or other person who Mr. M. Hanns, for the
makes this Return,
 Address, Mohr's Relief Society, 632. N. Fremont St.
 Remarks, _____

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the license aforesaid, shall keep a true and correct register of such births, and shall enter thereon, in the form of a schedule, the following particulars: the name of the child, the date and place of birth; and the sex, color, and occupation of its parents, the date and place of birth; and the name of the midwife, the date and place of birth; and the name of the physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the name of the person who attended upon the mother, immediately thereafter it shall become the duty of the person so attending upon such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01903

GIVEN NAME ADDED 7-26-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Emilie Victoria Issbrücker*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *December 28, 1895*
4. Place of Birth, (Street and Number) *214 N. Fremont St.*
5. Full Name of Mother, *Marianne Issbrücker*
6. Mother's Maiden Name, *—*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Issbrücker*
9. Father's Occupation, *book-keeper*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Marianne C. Stalwitzer M.D.*

Address, *1215 Mulberry St.*

Remarks, *—*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers

Section 5.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur shall, immediately thereafter, report the birth to the Registrar of Births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the midwife, or by the physician or practitioner of midwifery, or by any other person who has been conferred his or her color, the full name of the child, the date and place of birth; and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 28 - 1895*
4. Place of Birth, (Street and Number) *410 Hoffman St.*
5. Full Name of Mother, *Lucie Brown Wilson*
6. Mother's Maiden Name, *Lucie Brown*
7. Mother's Birthplace, *Marsan N.C.*
8. Full Name of Father, *Isaac Wilson*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Duplin Co N.C.*
- Name of Medical Attendant, or other person who makes this Return, *Louise Eaton M.D.*
- Address, *410 W. Hoffman St.*
- Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the mother, the date of birth, the sex, the race or color, the full name and occupation of the parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of January, the practitioner shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3
1. Sex, (state whether male or female)
 2. Race or Color, (~~if not of the white race~~)
 3. Date of Birth, Dec 28th / 95
 4. Place of Birth, (Street and Number) 1571 Mc Bond St.
 5. Full Name of Mother, Marquet Smith
 6. Mother's Maiden Name, " Ryan
 7. Mother's Birthplace, Balto Md
 8. Full Name of Father, James M. Smith
 9. Father's Occupation, Telephone Superintendent
 10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other person who makes this Return, E. J. Smith
- Address, 1502 Mc Bond St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and this schedule shall contain a list of the births which have occurred under his or her care, giving the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, the mother and child, and the person or persons so required, any such person or persons who shall neglect to comply with the provisions of this act, shall be liable to be fined to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 1895

4. Place of Birth, (Street and Number) 930 Harris alley

5. Full Name of Mother, Anne Thorne

6. Mother's Maiden Name, Amelia Bainer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Amrose Thorne

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. P. Harrington

Address, #924 Bimney St

Remarks, _____

RETURN OF A BIRTH. 1908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)..*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the births occurring in the City of Baltimore, and shall cause the same to be entered in a book to be kept for that purpose, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the person attending the birth shall be held responsible for the same, and shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

L01909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 28th 1895.
4. Place of Birth, (Street and Number) 1419 E. Biddle st.
5. Full Name of Mother, Alice H. Adams
6. Mother's Maiden Name, " " Bonnett
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, J. R. M. Adams
9. Father's Occupation, Hardware merchant
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.
- Address, 1219 N. Caroline st.
- Remarks, _____

101910

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, of the City of Baltimore, within the time and in the manner prescribed by the said Registrar. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother immediately thereafter, it shall become the duty of the practitioner to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 28 - 1895

4. Place of Birth, (Street and Number) 317 E. Caroline St.

5. Full Name of Mother, Mattie Basehart

6. Mother's Maiden Name, Thrasburg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Basehart

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

Section 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall keep a true and correct register of such births and shall submit the same to the Registrar of Health. This schedule shall contain a list of the births which have been conferred in the City of Baltimore, and shall be submitted to the Registrar of Health on or before the third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the Registrar of Health shall require the mother, immediately thereafter, to appear before him and give the name of the child, the date and place of birth, and the name of the person who attended the birth. In case the mother or parents of such child shall fail to comply with the provisions of this section, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. L01910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 28 - 1895
4. Place of Birth, (Street and Number) 317 E. Caroline St.
5. Full Name of Mother, Mattie Basehart
6. Mother's Maiden Name, Prosbury
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Basehart
9. Father's Occupation, Laboren
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return Mary Stein
- Address, 1427 E. Pratt St.
- Remarks, _____

RETURN OF A BIRTH. **L01911**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence birth shall hereafter take place, shall be required to file with the Commissioner of Health, a schedule of birth, in the form and to the effect hereinafter set forth, to be furnished by the Commissioner of Health, and shall set forth, as for the same can be ascertained, the date and place of birth of every child born in the month, and shall set forth, as for the same can be ascertained, the date and place of birth of every child who has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth of its mother, and the third day of its age, and shall deliver, daily signed by the practitioner in the form of a certificate between the first and third day of the month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, the practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, shall require the practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner of Health, in the manner and with the documents and information above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures shall be subject to.

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be provided for that purpose, within one month, and shall retain the same until the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife, to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, and the Commissioner of Health shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the mother, to cause the same to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

GIVEN NAME ADDED 9-22-52

RETURN OF A BIRTH. L01912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Goldie May Nash.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, the 28 day of December, 1895
4. Place of Birth, (Street and Number) 2114 Vans st City
5. Full Name of Mother, Mrs Fessie H. Nash
6. Mother's Maiden Name, Miss Fessie H. Guy
7. Mother's Birthplace, Baltimore C. O.
8. Full Name of Father, William H. Nash
9. Father's Occupation, shoe maker
10. Father's Birthplace, Baltimore C. O.
Name of Medical Attendant, or other person who makes this Return, Mrs John Gill
Address, 2112 Vans st
Remarks, Baltimore City

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred color, the name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall not be liable to any fine or other penalty for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH **LO1913**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over
Name: *Marthe Marguerite Hofmann*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *31 December 1895*
 4. Place of Birth, (Street and Number) *Charles Avenue, 911*
 5. Full Name of Mother, *Julius Hofmann, Schell (Hofmann)*
 6. Mother's Maiden Name, *Julia Thaler*
 7. Mother's Birthplace, *Näfels Switzerland*
 8. Full Name of Father, *Julius (Hofmann) Hofmann*
 9. Father's Occupation, *Porter*
 10. Father's Birthplace, *Friedberg - Germany*
- Name of Medical Attendant, or other person who makes this Return, *G. E. Peinhardt*
Address, *220 W. Madison Street*
Remarks, _____

CORRECTED BY B. J. O'Connell
SEE DOCUMENT FILE NO. 1913-01913
W. C. Sullivan
CLERK

Record of Vital Statistics in the City of Baltimore.
And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the provisions of the Act in that behalf made shall keep a true and correct register of such birth, and shall enter the same on blank forms provided for that purpose by the Health Officer of the City of Baltimore, and shall deliver the same to the Health Officer of the City of Baltimore, to be filed in the office of the Health Officer, on or before the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 30th 1911

4. Place of Birth, (Street and Number)

Home St. 611

5. Full Name of Mother

Mary Spochash

6. Mother's Maiden Name,

Maleski

7. Mother's Birthplace,

Poland

8. Full Name of Father,

John Spochash

9. Father's Occupation

Labourer

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other person who makes this Return,

Mary Kozka

Address,

602 S. Bond St.

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be kept in a book, and shall be open to the inspection of the Commissioner of Health at any time. The schedule shall be filled out by the midwife, and shall set forth as far as the same can be ascertained, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parent, the place of birth, and the date of birth, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, in case the birth of such child occurs within the month of the Commissioner of Health. In case the birth of such child occurs after the month of the Commissioner of Health, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 10, 1895*
4. Place of Birth, (Street and Number) *No. 1419 N. Washington St.*
5. Full Name of Mother, *Gertrude Hudson*
6. Mother's Maiden Name, *Gertrude Finnick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Chas. E. Hudson*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return, *Aug. L. Chiswell M.D.*
- Address, *1241 Washington Ave*
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, November 29, 1893

4. Place of Birth, (Street and Number) Rennell ave. no. 1111 Willow ave. Bklyn C.

5. Full Name of Mother, Virginia Clement

6. Mother's Maiden Name, Virginia Smith

7. Mother's Birthplace, France Land

8. Full Name of Father: Engene Clement

9. Father's Occupation..... Wood Worker

10. Father's Birthplace, Mass land

Name of Medical Attendant, or other person who makes this Return Rev. W. Cleveland Jr.

Address,..... 51741 Herbert Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RECORD OF A BIRTH
IN THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY

SECTION 7.—And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth has occurred, shall keep a true and correct record of such birth, and shall enter the same on blank schedule forms provided by the Commissioner of Health, and shall set forth and contain a list of the births which have occurred under his or her charge, and shall be delivered, duly signed by the practitioner of midwifery, or should the birth of any child attend upon the mother, by the physician or practitioner of midwifery, or should the birth of any child be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. · L01917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 24 Nov

4. Place of Birth, (Street and Number) 316 Regent Ave

5. Full Name of Mother, Bridget Glavin

6. Mother's Maiden Name, Quinn

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Glavin

9. Father's Occupation, Scarf maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Wm R. Ellis

Address, 1302 E. Lexington St

Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing medicine in this State under whose license or certificate of registration the name of any person practicing medicine

amir

Name: Albert Patrick Moore

1. Sex, (state whether male or female) Male

3. Date of Birth, 23 Nov.

5. Full Name of Mother, Maggie Albino

7. Mother's Birthplace, England

9. Father's Occupation.....
10. Father's Birth.....

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ulbr

Remarks, _____ 1302 Old Lexington St

опега.

BY Spencer's marriage license, would was I read and
SENT FILE NO. 1-019185 reference to other children,
146 M. A. Rouse with read
CLERK

Record of Vital Statistics in the City of Baltimore.

L01919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female).....Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....14 June 1914
4. Place of Birth, (Street and Number).....444 Millar Ave
5. Full Name of Mother,.....Lillian Dougherty
6. Mother's Maiden Name,.....Hindson
7. Mother's Birthplace,.....Wash D.C.
8. Full Name of Father,.....Lester Dougherty
9. Father's Occupation,.....Electrician
10. Father's Birthplace,.....Wash D.C.
Name of Medical Attendant, or other person who makes this Return,.....Wm R. Hill
Address,.....1502 E. Lehigh
Remarks,.....

RETURN OF A BIRTH. **L01920**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....9

1. Sex, (state whether male or female).....Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*,.....14 of.....

4. *Place of Birth, (Street and Number)*.....2013 5th Ave.

5. Full Name of Mother, Fannie B. Campbell

6. Mother's Maiden Name, Heinrichs

7. *Mother's Birthplace*,.....

8. Full Name of Father, Joseph H. Cameron

9. *Father's Occupation*.....

10. *Father's Birthplace,* ----- (Ga. to Mo.)

Name of Medical Attendant, or other person who makes this Return. John R. [Signature]

Address, _____

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of registering births, shall keep a true and correct register of such births, and shall set forth in a list of the births which shall be registered, the date of birth, the sex, the race or color, the full name and occupation of the parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month, to be signed by the practitioner of midwifery, and the attendance upon the mother, immediately thereafter it shall become the duty of the practitioner of midwifery to report its birth to the Commissioner of Health, in the manner and within the period above required, and to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 15 Jan

4. Place of Birth, (Street and Number) 215 W High St

5. Full Name of Mother, Williamie Louie

6. Mother's Maiden Name, Crimm

7. Mother's Birthplace, Europe

8. Full Name of Father, George

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Miss R. Miller

Address, 1302 E Lexington St

Remarks, _____

SECTION 2. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall be bound to keep a correct and true register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date and place of birth, the name of the mother, the name of the father, the name of the child, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....29 Oct 1895

4. Place of Birth, (Street and Number).....1402 Lehigh St

5. Full Name of Mother,.....Sarah Lippman

6. Mother's Maiden Name,.....Lipshitz

7. Mother's Birthplace,.....Poland

8. Full Name of Father,.....Adam Lippman

9. Father's Occupation,.....Shoe Maker

10. Father's Birthplace,.....Poland

Name of Medical Attendant, or other person who makes this Return,.....Mrs R. Ullig

Address,.....1302 Lehigh St

Remarks,.....

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

GIVEN NAME ADDED 10-4-56
RETURN OF A BIRTH. L01923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norma Dorothea West 37
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 15th 1895*
4. Place of Birth, (Street and Number) *1278 Battery Av.*
5. Full Name of Mother, *Wilhelmina West*
6. Mother's Maiden Name, *Brandt*
7. Mother's Birthplace, *Balto. Md*
8. Full Name of Father, *Louis West*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Balto. Md*
Name of Medical Attendant, or other person who makes this Return, *R. C. Lee*
Address, *Hamover en Barr*
Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

3. *Date of Birth*,

5. Full Name of Mother, Chile

7. *Mother's Birthplace*,.....

9. *Father's Occupation...*

Name of Medical Attendant _____

Remarks. *Ball's*

.....

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is charged with superintendence a birth shall heretofore be required to keep a true and correct register of such births, and enter thereon the same on blank schedule, to be furnished to him by the Commissioner of Health. This schedule shall contain the following particulars: First, the name of the mother, as given at birth, and shall set forth as far as the same can be ascertained, the date and place of birth of the child, the date and place of its sex, color, the full name and occupation of the father, the date and place of birth of the child, the date and place of its delivery, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. No fee shall be charged for attendance upon the mother, immediately after the birth of the child, nor shall the birth of any child to report its birth to the Commissioner of Health in any such manner and within the period above required, be considered an offence, nor shall any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.
Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under which he or she is licensed, shall keep a true and correct register of such births, and shall enter the same on blank schedules furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of the mother and father, the sex, color, the full name and occupation of its parents, the date and place of birth; and the day of delivery, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother or father, or the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L01926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....7
1. Sex, (state whether male or female).....male
2. Race or Color, (if not of the white race).....white
3. Date of Birth,.....Nov 28 '95
4. Place of Birth, (Street and Number).....1285 Repleton
5. Full Name of Mother,.....Mrs Kate Little
6. Mother's Maiden Name,....." Wilmer
7. Mother's Birthplace,.....Greenland, Conn
8. Full Name of Father,.....Frank J Little
9. Father's Occupation.....Methodist Protestant Clergyman
10. Father's Birthplace,.....Balt
- Name of Medical Attendant, or other person who makes this Return,.....T Worthington
- Address,.....840 W Fayette
- Remarks,.....

SECTION 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under the license of the Board of Health, shall keep a true and correct register of each birth occurring in the City of Baltimore, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall be born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, and the name of the practitioner of midwifery, or physician, or other person who shall be present at the birth, and the name of the medical attendant, immediately thereafter, it shall become the duty of the practitioner of midwifery, or physician, or other person who shall be present at the birth, to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 22nd. 95.
4. Place of Birth, (Street and Number) 912 Ramsey st.
5. Full Name of Mother, Mary A. Lawless
6. Mother's Maiden Name, Mary A. McKewen
7. Mother's Birthplace, Ireland
8. Full Name of Father, John J. Lawless
9. Father's Occupation, Trimmer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. C. O'Leary, M.D.

Address, 1203 W. Bayview st.

Remarks, _____

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. *Date of Birth,* .. 24 November 1895—

4. Place of Birth, (Street and Number) ... *Shallwood St 313*

5. Full Name of Mother, *Marie Bess*

6. *Mother's Maiden Name,* Marie Hagenson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lucas Beck

9. Father's Occupation, Brewer

10. *Father's Birthplace,* *Germany*

Name of Medical Attendant, or other person who makes this Return. *W. B. Bingham*

Address, 220 W. Madison St.

Remarks,

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose attendance birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, of its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to which the birth of the child occurred. In case the birth of any child shall occur without the attendance of a physician or practitioner of the profession of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and under the conditions and provisions of this section required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 4 December
4. Place of Birth, (Street and Number) 1327 Hillman St
5. Full Name of Mother, Mary Cunningham
6. Mother's Maiden Name, Parx
7. Mother's Birthplace, Balt.
8. Full Name of Father, George Cunningham
9. Father's Occupation, -
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 928 N. Cal. Avenue
- Remarks, _____

RETURN OF A BIRTH. **L01930**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... girl

2. *Race or Color, (if not of the white race)*

3. Date of Birth, 4 June 1914

4. Place of Birth, (Street and Number) 817 Summer St

5. Full Name of Mother, Rosa Welsch

6. Mother's Maiden Name, Evelyn

7. *Mother's Birthplace,* ----- *Bali*

8. Full Name of Father, William Theobald

9. Father's Occupation..... bricklayer

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Sam A. Hall

Address, 928 North Central St.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

Section 7—All the Baltimore under whose care the registrar of such birth, and Health. This schedule shall contain a list of the births which have been conferred, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 November

4. Place of Birth, (Street and Number) 1329 Williams St

5. Full Name of Mother, Marie Sheehan

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Balt.

8. Full Name of Father, Denis Sheehan

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Ave

Remarks,

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, after the first day of January, 1901, shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *5* *B.*

1. Sex, (state whether male or female)..... *Boy*

2. Race or Color, (if not of the white race).....

3. Date of Birth,..... *9 November*

4. Place of Birth, (Street and Number)..... *1604 Eden St.*

5. Full Name of Mother,..... *Marie Schreiber*

6. Mother's Maiden Name,..... *Shmitt*

7. Mother's Birthplace,..... *Balt.*

8. Full Name of Father,..... *John Schreiber*

9. Father's Occupation..... *cutler*

10. Father's Birthplace,..... *Balt.*

Name of Medical Attendant, or other person who makes this Return,..... *Anna M. W. W.*

Address,..... *728 N. Central Avenue*

Remarks,.....

Section 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall be required to file with the Registrar of Vital Statistics, a certificate of birth, which shall be filled out by the midwife, and shall be subject to the inspection of the Registrar of Vital Statistics, who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the physician or practitioner of midwifery, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female).....girl

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....25 October

4. Place of Birth, (Street and Number).....1818 Dallas St

5. Full Name of Mother,.....Eckel Winter

6. Mother's Maiden Name,.....Enochhard

7. Mother's Birthplace,.....Balt.

8. Full Name of Father,.....Adam Winter

9. Father's Occupation.....

10. Father's Birthplace,.....Balt.

Name of Medical Attendant, or other person who makes this Return,.....Anna Walter

Address,.....928 South Central Avenue

Remarks,.....

RETURN OF A BIRTH. L01934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female).....*girl*.....

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 24 November

4. Place of Birth, (Street and Number) 1435 Cent Avenue

5. Full Name of Mother..... Laura R. R. R.

6. Mother's Maiden Name. = Tashavski

7. *Mother's Birthplace*..... *Germany*

8. Full Name of Father John W. Abel

9. *Father's Occupation*.....

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other person who makes this Return, Anne Haller

Address, 928 North Park Avenue

Remarks: _____

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. **L01935**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....7.....

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)-----

3. Date of Birth, 11 November 1931 Central Isl.

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother, Flora Meunzger

6. *Mother's Maiden Name,* ----- *Flourens*

7. *Mother's Birthplace,* Jersey

8. Full Name of Father, August Thompson

9. Father's Occupation.....

10. *Father's Birthplace,* -----

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. J. J. J.

Address, 20 N. Lomb St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore who shall be duly licensed and registered in accordance with the provisions of the City of Baltimore Ordinance relating to the registration of midwives shall keep a true and correct register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or other person he in attendance upon the mother, immediately after the birth of the child, shall notify the parents of said child and deposit the birth record with the Commissioner of Health, in the manner and within the period above prescribed; and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.L01936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6.....

1. Sex, (state whether male or female).....girl.....

2. Race or Color, (if not of the white race)-----

3. Date of Birth, 17 Novembre

4. *Place of Birth, (Street and Number)* 738 Chester st

5. Full Name of Mother, Annice Kellers

6. *Mother's Maiden Name*, COZ 33142

7. *Mother's Birthplace,* Bel.

8. Full Name of Father, Frederic Muller

9. *Father's Occupation*.....5.....

10. *Father's Birthplace.* Ball.

Name of Medical Attendant, or other person who makes this Return, Anna Halber

Address, 988 N. Central Ave.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 75.—And he it further enacted, and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born in such month, the sex, the name and occupation of its parents, the date and place of birth; and the schedule shall also give the signature of the midwife, and the date and place of her residence between the first and third day of each and every month to the office of the Commissioner of Health. No other penalty shall be incurred by any person practicing midwifery, or should no other penalty be incurred, should any such attendance upon the mother, immediately thereafter it, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of the same, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur within the time and attendance of a practitioner, and he or she shall fail to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2
1. Sex, (state whether male or female).....boy
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....15 November
4. Place of Birth, (Street and Number).....1705 Carlisle Place
5. Full Name of Mother,.....Leate Heischer
6. Mother's Maiden Name,.....Bacher
7. Mother's Birthplace,.....Balt.
8. Full Name of Father,.....Peter Heischer
9. Father's Occupation,.....Bacher
10. Father's Birthplace,.....Germania
Name of Medical Attendant, or other person who makes this Return,.....Dennis Walker
Address,.....928 N. Lomb. St.
Remarks,.....

Record of Vital Statistics in the City of Baltimore

Section 5. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be required to file with the Registrar of Births and Deaths a true and correct copy of such birth and death records as he or she may have made, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-23-52
RETURN OF A BIRTH. L01938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Charles Hodelmann
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov. 24th 1895
 4. Place of Birth, (Street and Number) 2214 E. Balto St
 5. Full Name of Mother, Johanna Hodelmann
 6. Mother's Maiden Name, " " " "
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Gustav Hodelmann
 9. Father's Occupation, Liquor Dealer
 10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Jm Gombel M.D.
Address, _____
Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of all births occurring in the City of Baltimore, and shall set forth on a blank schedule, to be furnished by the Commissioner of Health, the full name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance on the practitioner, to the Commissioner of Health, in the City of Baltimore, and the said schedule shall be retained by the Commissioner of Health, and he shall cause the same to be printed and distributed to the several persons who shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 29th 1895

4. Place of Birth, (Street and Number) 830 Granby st.

5. Full Name of Mother, Mary Kreipel

6. Mother's Maiden Name, Wemmel

7. Mother's Birthplace, Europe

8. Full Name of Father, Frank Kreipel

9. Father's Occupation, laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Euter st

Remarks, _____

[illegible]

RETURN OF A BIRTH. **L01940**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 27th 1893
4. Place of Birth, (Street and Number), 1403 E. Pratt St.
5. Full Name of Mother, Becelia (Garfine) Garfine
6. Mother's Maiden Name, Goldberg
7. Mother's Birthplace, Europe
8. Full Name of Father, Sam (Garfine) Garfine
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Address, 122 S. E. Cedar st

1. Polk's Baltimore City
Directory for 1895

From Surname
To Hartine
Add Given Name

Emmanuel Gorfing
2411 Briarwood Rd. Bacto 9, Mel
4-4 62 W 4

Commissioners of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of all births which she hereafter takes place, shall keep a true and correct register of such births, and shall enter the same On the first day of each month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and shall have the said schedule duly signed by the practitioner in the form of a certificate between the first and third day of each month and every day thereafter, and deliver the same to the Commissioner of Health. It shall be the duty of the Commissioner of Health, if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01941**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female). male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 17th 1893-8 1 1 1

4. Place of Birth, (Street and Number) 274 N. High st.

5. Full Name of Mother, Anna Rockfort

6. Mother's Maiden Name, Balt

7. Mother's Birthplace, Dallas, Texas

8. Full Name of Father, Thomas Crochford

9. Father's Occupation *Police Officer*

10. Father's Birthplace, Chillicothe
Name of Medical Attendant, or other person who M. E. B. Jr.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1228 E. 6th st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall file the same with the Registrar of Vital Statistics, who shall cause the same to be published in the Baltimore City Directory. This schedule shall contain a list of the births which have occurred under his or her charge, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of January, to the Registrar of Vital Statistics, who shall cause the same to be published in the Baltimore City Directory. Attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 15th 95
4. Place of Birth, (Street and Number) 1024 Low st.
5. Full Name of Mother, Antonia Serio
6. Mother's Maiden Name, Jaffa
7. Mother's Birthplace, Italy
8. Full Name of Father, Sam Serio
9. Father's Occupation, Labourer
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return, Mrs. G. Bernsteni
- Address, 122 S. Egleston st.
- Remarks, _____

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall send forth its full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and shall also enter thereon the name of the person or persons who shall hereafter fail to comply with the provisions of this section, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Nov 1895

4. Place of Birth, (Street and Number) 113 West-Barnum St

5. Full Name of Mother, Gloria Elizabeth Ludwig

6. Mother's Maiden Name, Gloria E. Walker

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Ludwig

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Samuel P. Brooks

Address, #1828 Light St

Remarks, Living well

SECTION 2.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall, before he or she shall take the oath of office, and before he or she shall take the first birth, shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the name of the mother, the name of the father, the date and place of birth, and the name of the medical attendant, and shall be signed by the practitioner in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 14 - 1895*
4. Place of Birth, (Street and Number) *22 E West St*
5. Full Name of Mother, *Mary Bell*
6. Mother's Maiden Name, *Wager Snyder*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Frank Bell*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Carroll Co, Md*
Name of Medical Attendant, or other person who makes this Return, *Mrs O A Brooks*
Address, *#1828 Light St*
Remarks, *Doing well*

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any child is born shall keep a true and correct register of the same, and shall cause to be printed and bound in book form a true and correct copy of this schedule, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred; its sex, color, the full name and occupation of its father, the full name and occupation of its mother, the day of each and every birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

L01945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4 - 95
4. Place of Birth, (Street and Number) 1112 Battery Ave
5. Full Name of Mother, Martha G. Dunsley
6. Mother's Maiden Name, Martha G. Briscoe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. G. Dunsley
9. Father's Occupation, Officer of Navy
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brooks
Address, * 1828 Bight St
Remarks, Doing well

Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct record of the births occurring in the City of Baltimore, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of the mother, the date and place of birth, and the sex of the child, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form provided by the provisions of this section, and any such person or persons who shall hereafter fail to do so shall be liable to the provisions of this section, and shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2 - 1905
4. Place of Birth, (Street and Number) 1040 Light St
5. Full Name of Mother, Mary Ann Boyle
6. Mother's Maiden Name, Mary Ann Boyle
7. Mother's Birthplace, Ireland
8. Full Name of Father, John J. Boyle
9. Father's Occupation, Barber
10. Father's Birthplace, Canada
Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Boyle
Address, 1828 Light St
Remarks, Living well

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge shall be delivered any child shall keep a true and correct register of the births occurring under his charge, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of the mother, the date and place of birth; and the day of each and every birth occurring under his charge, and shall sign and certify the same in the form of a certificate between the first and third day of each and every month, and shall deliver the same to the office of the Commissioner of Health, in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person practicing midwifery, or should no other person be present, of the mother, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01947.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov-25th-1895
4. Place of Birth, (Street and Number) 1444 Battery Ave.
5. Full Name of Mother, Patie Morris
6. Mother's Maiden Name, Patie Mannion
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Philip Morris
9. Father's Occupation, Engineer
10. Father's Birthplace, Howard Co. Md
Name of Medical Attendant, or other person who makes this Return, Dr. E. B. Brooks
Address, 1828 Broadway St
Remarks, Good well

RETURN OF A BIRTH. L01949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.
Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall be and he is hereby made responsible for the correctness of the information furnished by the Commissioner of Health. This schedule shall contain and be so numbered as to show the date and place of birth of each child, after which the full name and occupation of its parents, the date and place of birth of the mother, after which the sex, color, the full name and occupation of the practitioner in the form of certificate shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov - 20 - 1895 -
4. Place of Birth, (Street and Number) 2129 W. 1st St.
5. Full Name of Mother, Mary D. D. D.
6. Mother's Maiden Name, Mary Keckler
7. Mother's Birthplace, Germany
8. Full Name of Father, John D. D.
9. Father's Occupation, Driver
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Dr. C. C. D.
Address, 1828 N. 1st St.
Remarks, Doing well

... statistics in the City of Baltimore.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Section 2.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall be bound to keep a record of the births of children born in the City of Baltimore, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last of each month, to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or shall be delivered to the Commissioner of Health, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 14 - 95*
4. Place of Birth, (Street and Number) *1078 West St*
5. Full Name of Mother, *Mary Bell*
6. Mother's Maiden Name, *Mary Snyder*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Bell*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Brooks*
Address, *#7828 Light St*
Remarks, *Doing well*

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision any child is born shall, before the birth of such child, register on the schedule provided for that purpose, and shall set forth as far as the same can be ascertained the full name of each child at birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 14 - 1895

4. Place of Birth, (Street and Number) 1414 N. Dallas St.

5. Full Name of Mother, Honora M. M. Diggins

6. Mother's Maiden Name, Cushing

7. Mother's Birthplace, Ireland

8. Full Name of Father, Cornelius J. Diggins

9. Father's Occupation, Salesman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, John O. Foster

Address, 1606 E. Saratoga St.

Remarks, _____

Record of Vital Statistics in the City of Baltimore.

L01.954:

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1900. 10 - 10 / 5

4. Place of Birth, (Street and Number), 1000 10th St. N. W.

5. Full Name of Mother, Dr. C. A. Nelson

6. *Mother's Maiden Name.*

1. Mother's Name, Will

the β phase is the same as that of the α phase.

10. 11. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 8

Name of Medical Attendant or other person who

Address 132 S. Exeter St

References

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and this schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be subject to be examined by the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

L01955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 28th 1895
4. Place of Birth, (Street and Number) 416 E. Fayette St.
5. Full Name of Mother, Ella Lenz
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Shelley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein
- Address, 122 S. E. 1st St.
- Remarks, _____

SECTION 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be duly licensed by the Board of Health, shall keep a true and correct list of the births occurring in the City, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction, and shall be set forth as far as the same can be ascertained, the full name and occupation of the mother, the date and place of birth, and the sex, color, and condition of the child, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 10 - 95
4. Place of Birth, (Street and Number) 34 W. 11th St
5. Full Name of Mother, Elizabeth Kaufman
6. Mother's Maiden Name, Elizabeth Bridges
7. Mother's Birthplace, By Liverpool, Eng
8. Full Name of Father, Charles Kaufman
9. Father's Occupation, Wagonman
10. Father's Birthplace, Harpers Ferry, Va
- Name of Medical Attendant, or other person who makes this Return, Mrs C. C. Brooks
- Address, #1828 Wright St
- Remarks, Good

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be provided for that purpose, and shall, within one month after the birth, file the same in the office of the Registrar of Vital Statistics, to be by him filed in the office of the Health Department, and shall be liable to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elva Lorena Meekins
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 2nd - 95*
4. Place of Birth, (Street and Number) *210 Henrietta St*
5. Full Name of Mother, *Emeline Meekins*
6. Mother's Maiden Name, *Emeline Buckman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George E. Meekins*
9. Father's Occupation, *Builder*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Nurse O. A. Brown*

Address, *#1828 Light St*

Remarks, **GIVEN NAME ADDED.** *10-9-53* *Doing well*

Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place during the month, and shall set forth as far as possible the name of the mother, the date and place of birth, and the sex of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 - 95
4. Place of Birth, (Street and Number) 409 Race St -
5. Full Name of Mother, Georgie Bailey
6. Mother's Maiden Name, Georgie Turner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas Bailey
9. Father's Occupation, Trilor
10. Father's Birthplace, Virginia
Name of Medical Attendant, or other person who makes this Return, Jess E. Brooks
Address, # 1828 Bright St -
Remarks, Doing well

RETURN OF A BIRTH. L01959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race*

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. Future & Interpretation

Name of Medical Attendant, or other person who makes this Return

ADDRESS

RESULTS

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall be required to register the same in a schedule to be furnished by the Commissioner of Health. Such schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each birth of such child, and every month to the office of the Commissioner of Health.

In case the father and mother of a child born in the City of Baltimore shall occur without the attendance of a physician or practitioner of Health, and no other person be in attendance upon the mother, immediately after the birth of the child the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person of legal age who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 5.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, prefixed to each color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov-20-95

4. Place of Birth, (Street and Number) 1131 Bright St

5. Full Name of Mother, Madeline Buddy

6. Mother's Maiden Name, Madeline Mauders

7. Mother's Birthplace, Baltimore Ind

8. Full Name of Father, Michael Buddy

9. Father's Occupation, Croaker

10. Father's Birthplace, Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Mrs O R Brooks

Address, 11828 Bright St

Remarks, Doing well

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out forthwith as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be at attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of whom any such person or persons who shall hereafter first to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 November 1895
4. Place of Birth, (Street and Number) 1108 Hammer
5. Full Name of Mother, Ellen Welsh
6. Mother's Maiden Name, Basenburger
7. Mother's Birthplace, Bright
8. Full Name of Father, Thimothy Welsh
9. Father's Occupation, Fireman
10. Father's Birthplace, New York
Name of Medical Attendant, or other person who makes this Return, Dr. S. W. Bracken
Address, 1828 Highland
Remarks, Living Well

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be licensed by the Board of Health, and shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the full name and occupation of the mother, the place of birth, and the name of the physician or practitioner in the form of a certificate between the first and second day of each month, and shall be delivered, signed, and sworn to by the midwife, and the said schedule shall be delivered, signed, and sworn to by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov-12-95

4. Place of Birth, (Street and Number) 1028 West St.

5. Full Name of Mother, Pauline Tillack

6. Mother's Maiden Name, Pauline Tillack

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Tillack

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. A. Brooks

Address, 1828 Wight St.

Remarks, Doing well

SECTION 7.—And he it further enacted and ordained that every pers-
Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be responsible for the same, and shall enter the same on a blank register, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother, or the father, or the person who has charge of the child, shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 6 - 1895

4. Place of Birth, (Street and Number)

1615 W. Lafayette Ave

5. Full Name of Mother,

Annie Lewis

6. Mother's Maiden Name,

Barker

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles M. Lewis

9. Father's Occupation,

Livery Stable Proprietor

10. Father's Birthplace,

Hampden Co. Ma

Name of Medical Attendant, or other person who makes this Return,

John Saffell M.D.

Address,

701 Carrollton Ave

Remarks,

RETURN OF A BIRTH. L01964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22^d 1895
4. Place of Birth, (Street and Number) 252 Schreder St
5. Full Name of Mother, Ann Kelley
6. Mother's Maiden Name, Marion
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Kelley
9. Father's Occupation, Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return John J. Kelly, M.D.

Address, 701 Franklin Ave

Remarks, _____

Wm. J. C. Dulany Co., City Printers and Stationers

SECTION 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver or superintend the delivery of a child, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date when the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month, and shall forward the same to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth & Seventh*

1. Sex, (state whether male or female) *both females*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 26 = 1895*

4. Place of Birth, (Street and Number) *20 S. 4th St*

5. Full Name of Mother, *Ellen Morianity*

6. Mother's Maiden Name, *More*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jos. B. Morianity*

9. Father's Occupation, *Artist*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *John Keff M.D.*

Address, *701 N. Gough St*

Remarks, *(Twins)*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child; if any shall be born before the first day of each and every month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall be born on the first day of each and every month, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall have been present at the birth, shall be liable to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 4th 1895*

4. Place of Birth, (Street and Number) *1723 W. Franklin St*

5. Full Name of Mother, *Alice Charles*

6. Mother's Maiden Name, *Rice*

7. Mother's Birthplace, *New Jersey*

8. Full Name of Father, *Samuel Charles*

9. Father's Occupation, *Steamboat Captain*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John Hoff M.D.*

Address, *101 N. Carroll Ave*

Remarks, _____

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be subject to the provisions of this section, and shall be liable to the penalties therein provided for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 27 1895*

4. Place of Birth, (Street and Number) *1019 1/2 Connelley St*

5. Full Name of Mother, *Sophie Waters*

6. Mother's Maiden Name, *Clark*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Frank H. Waters*

9. Father's Occupation, *Civil Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John Kepp M.D.*

Address, *Fort Gunston Ave*

Remarks, _____

Record of Vital Statistics in the City of Baltimore

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the midwife or practitioner of midwifery, and shall be delivered to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the inspection of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 17, 1895
4. Place of Birth, (Street and Number) 913 Waters Court
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name, Mrs.
7. Mother's Birthplace, Md.
8. Full Name of Father, Henry Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Md.
- Name of Medical Attendant, or other person who makes this Return, Louise Catow M. D. Res. Phy.
- Address, Maternity Training Med. College
- Remarks, 410 M. Hoffman St.

Section 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This register shall contain a full and correct statement of the name of the child, its sex, color, date of birth, and place of birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person attending the birth shall, within the period above required, send a true and correct statement of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 16, 1895

4. Place of Birth, (Street and Number) 574 Biddle Alley

5. Full Name of Mother, Martha Cole

6. Mother's Maiden Name, Martha Webster

7. Mother's Birthplace, Md.

8. Full Name of Father, Stanley Cole

9. Father's Occupation, Laborer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D. Res. Phys.

Address, Maternite Nursing Med. College

Remarks, 410 N. Hoffman St.

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore during the month in which the birth occurred, and shall be filled up by the midwife or person in charge of the birth, and shall be delivered to the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. Any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 20, 1895*

4. Place of Birth, (Street and Number) *857 Frederick Ave. Bx.*

5. Full Name of Mother, *Annie Elizabeth Heckner*

6. Mother's Maiden Name, *Annie Elizabeth Rensge*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *Adam Heckner*

9. Father's Occupation, *Callista*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, or other person who makes this Return, *J. B. Williams M.D.*

Address, *Frederick & Augusta Aves.*

Remarks, _____

SECTION 1. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under those and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of the mother, the date of birth, the date of the third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 19th 1895

4. Place of Birth, (Street and Number) 1606 E. Oliver

5. Full Name of Mother, Katherine Wright

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, Balto

8. Full Name of Father, Lawrence Wright

9. Father's Occupation, Coach painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E. Pratt St

Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of the child. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, who shall forward the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, who shall cause the same to be entered in the books of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall cause the same to be published in the Baltimore City Directory. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5th
1. Sex, (state whether male or female).....Female
2. Race or Color, (if not of the white race).....White
3. Date of Birth,.....July 16th 1895
4. Place of Birth, (Street and Number).....1386 Valley
5. Full Name of Mother,.....Lida Moore
6. Mother's Maiden Name,.....Wilson
7. Mother's Birthplace,.....Hartford Ct. Conn.
8. Full Name of Father,.....Jefferson Moore
9. Father's Occupation.....Financier
10. Father's Birthplace,.....Hartford Ct. Conn.
Name of Medical Attendant, or other person who makes this Return,.....M. B. Billingsley
Address,.....1206 E. Pratt St.
Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be registered and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE

RETURN OF A BIRTH. L01973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *July 19th 1895*
 4. Place of Birth, (Street and Number) *125 W. Preston St.*
 5. Full Name of Mother, *Harriett Hufferman*
 6. Mother's Maiden Name, *Reesney*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Joseph Hufferman*
 9. Father's Occupation, *Saloon*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mr. B. Bellinger*
- Address, *1206 E. Preston St.*
- Remarks, _____

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this Return, the name of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 18th 1895

4. Place of Birth, (Street and Number) 202 Hoffman St

5. Full Name of Mother, Messie Harrison Sorril

6. Mother's Maiden Name, Lucie Harrison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Sorril

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Glacier Victoria

Address, 670 7 Preston St

Remarks, _____

SECTION 7.—And he is further directed and ordained that every person practicing midwifery in the City of Baltimore under whose charge, supervision or control any child is born shall, before the birth of such child, register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the sex, color, date and place of birth, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 31st 1875
4. Place of Birth, (Street and Number) 831 Bradley St
5. Full Name of Mother, Martha Green
6. Mother's Maiden Name, Martha Coverington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Green
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geeter Estance

Address, 609 Preslon St

Remarks, _____

Section 2.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be registered shall be required to register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth in the same manner as the schedule now in use, and shall be delivered to the said Commissioner of Health on the first day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the same penalties as shall hereafter be provided for persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 28th 1895
4. Place of Birth, (Street and Number) 831 Bradley St
5. Full Name of Mother, Willy Johnson
6. Mother's Maiden Name, Willy Payne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Johnson
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, G. Bester Colman

Address, 5091 Preston St

Remarks, _____

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth so delivered, and shall be punished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in each month, and in each month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date when such child was delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month, and shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall attend upon the mother, immediately thereafter it shall become the duty of the person or other person be in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each failure, to be recovered as other fines and forfeitures can be sub-

RETURN OF A BIRTH. L01977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 10th 1890

4. Place of Birth, (Street and Number) 1905 E. 11th St

5. Full Name of Mother, Mother Driver

6. Mother's Maiden Name, Martha Greedy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Driver

9. Father's Occupation..... *Printer*

10. *Father's Birthplace, Baltimore*

Name of Medical Attendant, or other person who makes this Return. Heister Colman

Address, 502 Preston St. n.e.

Remarks.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the place of birth, and shall deliver, duly signed by the practitioner in the form of a certificate, a true and correct statement of the attendance upon the mother and child, and shall report its birth to the Commissioner of Health, in case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother and child, it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 13th 1895

4. Place of Birth, (Street and Number) 536 Preston

5. Full Name of Mother, Ida Hall

6. Mother's Maiden Name, Ida Harris

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Harry Harris

9. Father's Occupation, Laboring

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Corlance

Address, 509 Preston St

Remarks,

Record of Vital Statistics in the City of Baltimore.
Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be and he is hereby required to register the births of all children born in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of birth of each child, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st 1895
4. Place of Birth, (Street and Number) Clifton Park
5. Full Name of Mother, Lina H. Lord
6. Mother's Maiden Name, Vandenberg
7. Mother's Birthplace, Holland
8. Full Name of Father, Henry M. Lord
9. Father's Occupation, Manager, Swifts Provision Co.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, #811 Jefferson Ave Waverly

Remarks, City

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be registered, shall be required to register of each birth the name of the child, the sex, color, date of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th, of July

4. Place of Birth, (Street and Number) 1109 Market place

5. Full Name of Mother, Mary Agnes Murphy

6. Mother's Maiden Name, Mary Agnes Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph George Murphy

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs. Madden

Address, 1000 E. 20th St.

Remarks, _____

Wm. J. C. Dulany Co., City Printers and Stationers.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be provided for that purpose by the Health Officer. This schedule shall be furnished to the midwife or person practicing midwifery, and shall be returned to the Health Officer immediately after the birth of the child, and shall be filed in the office of the Health Officer. The Health Officer may, at his discretion, require the midwife or person practicing midwifery to produce the said schedule at any time, and if he fails to do so, he shall be liable to a fine of ten dollars for each offence. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be provided for that purpose by the Health Officer. This schedule shall be furnished to the midwife or person practicing midwifery, and shall be returned to the Health Officer immediately after the birth of the child, and shall be filed in the office of the Health Officer. The Health Officer may, at his discretion, require the midwife or person practicing midwifery to produce the said schedule at any time, and if he fails to do so, he shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH over L01981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Marye P Perkins*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *July 6*
4. Place of Birth, (Street and Number) *Carroll 115 Stafford St*
5. Full Name of Mother, *Florence B Perkins*
6. Mother's Maiden Name, *Florence B Bagwell*
7. Mother's Birthplace, *Raleigh N.C.*
8. Full Name of Father, *David A Perkins*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Pikeville N.C.*
Name of Medical Attendant, or other person who makes this Return. *Wm. W. W. W. W.*
Address, *1005 Carroll Street*
Remarks,

CORRECTED BY Family Bible Record
SEE DOCUMENT FILE NO. 16-91981
DATE 2/13/43 M. A. Hawkins
CLERK

Record of Vital Statistics in the City of Baltimore.

sections 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be so arranged as to be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and address of the practitioner in the form of a certificate, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first-born child of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L01982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) = 12 th

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 3. 1895*
4. Place of Birth, (Street and Number) *24th St. Amos*
5. Full Name of Mother, *Carrie Brightman*
6. Mother's Maiden Name, *" Huch*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Wm. D. Brightman*
9. Father's Occupation, *Clothing Cutter*
10. Father's Birthplace, *Maryland*
Name of Medical Attendant, or other person who makes this Return, *H. G. Prentiss M.D.*
Address, *809. Goswold. Me*
Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore must bring and call on the Commissioner of Health a birth and death schedule, and keep a true and correct record of the same, and enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, his or any shall have at the time of birth, the date and place of birth, and the name of the mother, and the date of delivery, and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in the city at the time of the birth of such child, it shall become the duty of the person or persons of such family to report its birth to the Commissioner of Health, on or before the third day of each and every month, and in case any such person or persons who shall hereafter fail to comply with the provisions of the act above required, and be convicted thereof, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered, and be subject to the same.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 6-24-95
4. Place of Birth, (Street and Number) 309 Forrest St.
5. Full Name of Mother, Della Rodgers
6. Mother's Maiden Name, do
7. Mother's Birthplace, Atlanta
8. Full Name of Father, William
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births occurring under his or her care during the year ending on the 31st day of December next, and shall forward the same to the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth; and the name of the practitioner in the form of a certificate, signed by the practitioner, in case the birth of any child shall occur within the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health, on the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or persons of such family to report the birth of such child to the Registrar of Health, on the third day of each and every month. And be it further enacted and ordained that any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby fined ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

L01984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) B.
3. Date of Birth, 6-25-95
4. Place of Birth, (Street and Number) Anderson Alley No Number
5. Full Name of Mother, Iida Dean
6. Mother's Maiden Name, do
7. Mother's Birthplace, do
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last of each month, to the Registrar of Vital Statistics, or to the Commissioner of Health, or to the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L01985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

6-7-9

4. Place of Birth, (Street and Number)

1064 E Lombard

5. Full Name of Mother,

Jane Levi

6. Mother's Maiden Name,

Jane Wrnoski

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Isaac Levi

9. Father's Occupation,

Redder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Address,

Edmund J. J. J.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and

Mal

W

6-25-90

533 Emment

Mrs R L Rick

Unknown

R J Krick

Laurel

Cit

Edwin Fess

Edward T. Lee

Remarks.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the provisions of the Act in that behalf passed, shall keep a true and correct record of the births occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the name and occupation of its parents, the date and place of birth of the mother, and the name and occupation of the father, and shall forward the same to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH L01987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 3^d
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) W
 3. Date of Birth, 429 Rodgers Ave - July 11-90
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother, Augusta Rindfleisch
 6. Mother's Maiden Name, Augusta Polander
 7. Mother's Birthplace, German
 8. Full Name of Father, L Rindfleisch
 9. Father's Occupation, Peddler
 10. Father's Birthplace, German
- Name of Medical Attendant, or other person who makes this Return, Edwin J. C. Dulany & Co.
- Address,
- Remarks,

CERTIFICATE CORRECTED 5-5-52

RETURN OF A BIRTH L01988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith Coster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 7th (July 31) 1895
 4. Place of Birth, (Street and Number) 1502 Edmondson Ave
 5. Full Name of Mother, Mollie Mabel Coster
 6. Mother's Maiden Name, Marce
 7. Mother's Birthplace, Maryland
 8. Full Name of Father, George W. Coster
 9. Father's Occupation, Carpenter & Builder
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, John Hood
 Address, 14 S. Gilman St.
 Remarks, Iron Balm

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the last day of the month, the practitioner shall deliver the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Return of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 2^d 1895.

4. Place of Birth, (Street and Number) 1009 Edmondson Ave.

5. Full Name of Mother, Gertrude E. Dolliver

6. Mother's Maiden Name, Gertrude Eastman

7. Mother's Birthplace, Lowell Mass

8. Full Name of Father, Samuel G. Dolliver.

9. Father's Occupation, Salesman

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return, John Pennington M.D.

Address, 1716 Linden Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to register and file with the City Clerk, a true and correct copy of a schedule, in which he shall keep a true and correct record of all births occurring in the City of Baltimore. This schedule shall contain a list of the births which have occurred under his or her care during the month of January last, and the same can be ascertained the full name of each child, if any shall have been born, and for this purpose the full name of the mother shall be entered in the schedule, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and to the effect herein provided, by the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and to the effect herein provided, by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be and he is hereby declared to be guilty of a misdemeanor, and the fine and forfeitures herein prescribed for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. *Date of Birth*, July 6th 1895

4. *Place of Birth, (Street and Number)*..... 1819 White St.

5. Full Name of Mother, Julia Bann

6. Mother's Maiden Name, Cramer

7. Mother's Birthplace, Red Oak, Va.

8. Full Name of Father, Joseph Gunn

9. *Father's Occupation*..... *Valcher*

10. *Father's Birthplace*, ----- Md

Name of Medical Attendant, or other person who makes this Return.

Address,.....

Remarks,

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank, separate, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the Commissioner of Health, within the time specified in the schedule, and every practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1895
4. Place of Birth, (Street and Number) 219 12th St.
5. Full Name of Mother, Blanche Thomas
6. Mother's Maiden Name, Nil
7. Mother's Birthplace, Frank Thomas
8. Full Name of Father, Employe Hair factory
9. Father's Occupation, Nil
10. Father's Birthplace, Nil

Name of Medical Attendant, or other person who makes this Return, Mt Carlos Mt.

Address, 1800 Mt Balto Jr.

Remarks, _____

RETURN OF A BIRTH. L01992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 July 1895

4. Place of Birth, (Street and Number) 10 High St.

5. Full Name of Mother, Lena Hansen

6. Mother's Maiden Name, Bussalo

7. Mother's Birthplace, Russia

8. Full Name of Father, James Baum

9. Father's Occupation..... Farmer

10. Father's Birthplace,
 Name of Medical Attendant or other person who F. - Rhem

Name of Individual Applicant, _____ makes this Return, _____
Address _____

Address, 10000 1st Avenue, 10000

Remarks,

[illegible]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to file in the City of Baltimore, under the name of the mother, a list of the births which have occurred under his or her care during the month, and a certificate of the sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall file the certificate of birth on the first day of the month following. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 July 1895*
4. Place of Birth, (Street and Number) *42 Altemarle St.*
5. Full Name of Mother, *Lamont Bessie Himmelstark*
6. Mother's Maiden Name, *Russel*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Frank Himmelstark*
9. Father's Occupation, *Cedar*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *E. Sherman*
- Address, *42 Altemarle St.*
- Remarks, _____

RETURN OF A BIRTH. L01994
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the laws of this State shall be required to file with the Registrar of Vital Statistics, Board of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same may be ascertained, the names of the parents, the date and place of birth, and the sex of the child, and the name and occupation of the practitioner. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the midwife shall be required to attend upon the mother and child, and to file with the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 95

4. Place of Birth, (Street and Number) 1501 E. Eager St.

5. Full Name of Mother, Margaret Ludwig

6. Mother's Maiden Name, Sahlstedt

7. Mother's Birthplace, Baltic

8. Full Name of Father, Anton Ludwig

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. H. Sisson M.D.

Address, 1501 E. Eager St.

Remarks, _____

RETURN OF A BIRTH. L01995

To the Office, of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Le Roy Horn

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return,

Address

Remarks

Wm J. C. Dulany Co., City Printers and Stationers

Insurance Record
201996
Date 1-20-05 R. K. Knepper
CLERK

Section 1. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter in the same, within the month following the birth, the name of the child, the name of the mother, the date and place of birth, the sex, color, race or color, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 95
4. Place of Birth, (Street and Number) 935 E Chase St
5. Full Name of Mother, Augusta Knepper
6. Mother's Maiden Name, Schlerf
7. Mother's Birthplace, Balte
8. Full Name of Father, Louis H Knepper
9. Father's Occupation, Machinist
10. Father's Birthplace, Balte
- Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M.D.
- Address, 1501 E Eager St
- Remarks,

RETURN OF A BIRTH
TO THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall set forth in a list of the births which have occurred under his or her care, the name of the mother, the sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to make a true and correct record of the birth, and to forward the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the provisions of the Act in that behalf made, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L61997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 10th 95*

4. Place of Birth, (Street and Number) *808 N. Caroline St.*

5. Full Name of Mother, *Annie Mc Gline*

6. Mother's Maiden Name, *Rollins*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Wm T Mc Gline*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *S. W. Seligson M. D.*

Address, *1501 E. Eager St*

Remarks, _____

RETURN OF A BIRTH
TO THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY.

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, and shall be filled out by the person in charge of the birth, and shall be delivered to the Commissioner of Health, within the month, after the birth, containing the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without any fee or charge, and the person who shall deliver it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20th 95

4. Place of Birth, (Street and Number) 1904 E Eager St.

5. Full Name of Mother, Mary Culver

6. Mother's Maiden Name, Dirschauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arthur Culver

9. Father's Occupation, Care & Street Iron Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W H Seldner M D.

Address, 1501 E Eager St

Remarks, _____

RETURN OF A BIRTH

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be provided for that purpose by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, and shall deliver the same to the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health. Any such person who fails to do so shall be liable to a fine of not less than ten dollars nor more than fifty dollars, and the costs of this action shall be payable to the Commissioner of Health.

RETURN OF A BIRTH. L01999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd 95

4. Place of Birth, (Street and Number) 1307 E Chase St

5. Full Name of Mother, Mary S Stebrant

6. Mother's Maiden Name, Skump

7. Mother's Birthplace, Balt

8. Full Name of Father, Michael Stebrant

9. Father's Occupation, Black

10. Father's Birthplace, Lancaster Pa

Name of Medical Attendant, or other person who makes this Return, S H Seldner M. D.

Address, 1501 E Eager St

Remarks, _____

RETURN OF A BIRTH. L02000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 30th 95*
4. Place of Birth, (Street and Number) *1508 Chew St*
5. Full Name of Mother, *Mary Stock*
6. Mother's Maiden Name, *Nagel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Stock*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *W. H. Seldner M.D.*
Address, *1501 E. Eager St*
Remarks,

RETURN OF A BIRTH

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the child schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third months of the child's life, to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of medicine, and shall be signed by the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

102001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 0919-951.

4. Place of Birth, (Street and Number) 100 E. 20th St.

5. Full Name of Mother, Mary Lucas

6. Mother's Maiden Name, Rose

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo. B. Lucas

9. Father's Occupation, Electrician

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W. B. Rosey

Address,

Remarks,

RETURN OF A BIRTH. 102002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16 / 55-

4. Place of Birth, (Street and Number)..... 889 W. Baltimore St.

5. Full Name of Mother, Rosa B. Engh

6. Mother's Maiden Name, " " Schaff

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John W. Engel

9. Father's Occupation Teacher

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who conducted this interview Thos M. Lumbain, M.D.

Address: 413 S. Packer St.

Address, 1111 12th St. S.E.

Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence third shall hereafter be placed, shall keep a true and correct record of the births occurring under his or her care, and shall file the same with the Registrar of the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (of any shall have been born) and the date of birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of the Health, and the Registrar of the Health shall be authorized to subpoena to the office of the Registrar of the Health any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be furnished by the Commissioner of Health, shall be required to file with him, on or before the first day of each month, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of birth, and the sex, color, race, and date of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother or the person who shall hereafter be required to report to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 13/95
 4. Place of Birth, (Street and Number) 1106 Bessyandy St.
 5. Full Name of Mother, Mollie Stimpson
 6. Mother's Maiden Name, Dodson
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, John Stimpson
 9. Father's Occupation, Professor
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Thos. M. Lempfer MD
- Address, 412 S. Taca St.
- Remarks, _____

173003
173004

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, on the first day of each month, to be appointed by the Commissioner of Health, submit to him a list of the births which have occurred during the month, containing the name, sex, color, date of birth, and place of birth of each child, and the name and occupation of its parents, and the name and occupation of the midwife, or physician, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall fail to comply with the provisions of this section shall be subject to a fine of not less than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15 1885
4. Place of Birth, (Street and Number) 21 W. Pratt St.
5. Full Name of Mother, Blanch Goss
6. Mother's Maiden Name, Bond
7. Mother's Birthplace, Maryland
8. Full Name of Father, Balthasar Geo. Henry Goss
9. Father's Occupation, Banker
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.
- Address, 412 S. Paca St.
- Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct record of the same, and shall file the same with the Commissioner of Health, in the manner and within the time prescribed by the said Commissioner. This schedule shall contain a list of the birth, the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of birth of the mother, and shall be filed with the Commissioner of Health, in the manner and within the time prescribed by the said Commissioner. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25, 1895

4. Place of Birth, (Street and Number) 13th St + Clifton Ave

5. Full Name of Mother, Margaret Smith

6. Mother's Maiden Name, Margaret Patterson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wilbur F. Smith

9. Father's Occupation, Teacher

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this return, Ward Willson M.D.

Address, Cor 13th St + Clifton Ave Wallbrook

Remarks, _____

in Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be furnished by the Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the practitioner, and shall be returned to the Commissioner of Health, and shall set forth as far as the same can be ascertained, the following particulars: the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the practitioner, and the date of his or her certificate between the first and third day of each month. The practitioner shall also be required to attend upon the mother, immediately thereafter it shall become the duty of the practitioner to attend upon the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-19-57
RETURN OF A BIRTH. L02006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Sophia Lang

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 July 1895

4. Place of Birth, (Street and Number) 1410 Fairmount Ave

5. Full Name of Mother, Sophia Lang

6. Mother's Maiden Name, Eigner

7. Mother's Birthplace, Europe

8. Full Name of Father, John Lang

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 1302 E Lexington St

Remarks,

And more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the child, the date of birth, the sex, the color, the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been previously born to the same parents, the name and occupation of the parents, the date and place of birth, and the date of the birth of the child, and the name and occupation of the physician or midwife, and the name of the person or persons to whom said schedule shall be delivered, duly signed and attested by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons to whom said schedule shall be delivered, shall report the same to the Commissioner of Health, in the manner and within the time specified in this section, and shall report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th ~~11~~

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 24

5. Full Name of Mother, Elizabeth Arnold

6. Mother's Maiden Name, E. Wickett H. Anne

8. Full Name of Father, Ernest L. Arnold

9. Father's Occupation----- Electrician

Name of Medical Attendant, or other person who makes this Return Lisebeth Wiks

Address, Hoffman House

Remarks *00* *Bo. timorensis*

Herlihy P 107

Statement of Insurance Co.
CORRECTED BY *School receipt*
SEE DOCUMENT FILE NO. *6-12-2007*
DATE *12-28-42* *R. Lewis*
CLERK

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, the date and place of death, the date and place of burial, and the date and place of removal of the body, and shall certify to the Commissioner of Health, in the manner and to the effect provided in this section, the date and place of birth, the date and place of death, the date and place of burial, and the date and place of removal of the body, of every person practicing midwifery in the City of Baltimore, and shall certify to the Commissioner of Health, in the manner and to the effect provided in this section, the date and place of birth, the date and place of death, the date and place of burial, and the date and place of removal of the body, of every person practicing midwifery in the City of Baltimore, and shall certify to the Commissioner of Health, in the manner and to the effect provided in this section, the date and place of birth, the date and place of death, the date and place of burial, and the date and place of removal of the body, of every person practicing midwifery in the City of Baltimore.

RETURN OF A BIRTH. L02008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 29th 1895.*
4. Place of Birth, (Street and Number) *1632 Grover Place*
5. Full Name of Mother, *Sarah Cassidy*
6. Mother's Maiden Name, *Walker*
7. Mother's Birthplace, *Scotland*
8. Full Name of Father, *Peter Cassidy*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other person who makes this Return, *E. B. Fenby, M.D.*
- Address, *1219 N. Caroline St.*
- Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. The last one
1. Sex, (state whether male or female) female Born July 30, 1895
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30 1895
4. Place of Birth, (Street and Number) No 936 Eutaw St
5. Full Name of Mother, Elizabeth Gawnson
6. Mother's Maiden Name, Elizabeth Gawnson
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, James Gawnson
9. Father's Occupation, labor
10. Father's Birthplace, South Boston Va
- Name of Medical Attendant, or other person who makes this Return, Amie M. Davis
- Address, Amie M. Davis
- Remarks, No 4 11 West Hamburg St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6..

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 22 July 1895-
4. Place of Birth, (Street and Number)..... 2 Albemarle St.
5. Full Name of Mother,..... Fannie Born
6. Mother's Maiden Name,..... Coris
7. Mother's Birthplace,..... Russia
8. Full Name of Father,..... (9) Taylor
9. Father's Occupation,..... (8) Myer Born
10. Father's Birthplace,..... Russia
Name of Medical Attendant, or other person who makes this Return,..... E. Sherman
Address,..... 42 Albemarle St.
Remarks,.....

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L02011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female) 2

2. *Race or Color, (if not of the white race)*..

3. *Date of Birth,*..... 8 Feb

4. Place of Birth, (Street and Number) 1208 Anthony

5. Full Name of Mother, Anna Clark

6. *Mother's Maiden Name,*..... *Green*

7. Mother's Birthplace,.....*Calif.*

8. Full Name of Father, Christul P.

9. *Father's Occupation,*

10. *Father's Birthplace,*..... *Bel*

Name of Medical Attendant, or other person who makes this Return, Anna Walber

Address, 928 N. Cent. Av.

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision or under the direction of which any child is born, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished to him or her by the Registrar of Births, within a month, and shall set forth as far as possible the following particulars: First, the name of the child, as given to him or her by the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate between the mother and the third day of the month following the birth of the child, and shall be presented to the Registrar of Births, and the attendance upon the mother, immediately thereafter, in the manner and within the time prescribed by law, and shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Archie Myers

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25 July 1895*
4. Place of Birth, (Street and Number) *66 Market Place*
5. Full Name of Mother, *Leah Myers*
6. Mother's Maiden Name, *Levinson*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *George Myers*
9. Father's Occupation, *Store-keeper*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *E. Sherman*
- Address, *42 W. Baltimore St.*
- Remarks, **OTHER NAME ADDED** *4-9-53*

RETURN OF A BIRTH. 102013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5-2-1893

4. *Place of Birth, (Street and Number)*..... 882 E. 2nd St.

5. Full Name of Mother, Annie Brown

6. Mother's Maiden Name, Markovitch

7. *Mother's Birthplace,*.....*Prussia*

8. Full Name of Father, Louis Perreault

9. *Father's Occupation*..... *Tailor*

10. *Father's Birthplace,* ----- *Peruvia.*

Name of Medical Attendant, or other person who makes this Return, E. Liberman

Address, 42 Albemarle St. S.W.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

Section 10. And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose name such birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in the said register, and shall retain the same for a period of one month, and shall set forth in the said register, and shall retain the same for a period of one month, the following particulars, to-wit: the sex, color, the full name and occupation of the mother, the date and place of birth; and the day of each and every delivery, and the name of the practitioner in the case of any child shall occur without the attendance of a practitioner of midwifery, or should no other parts of such child be reported to the Commissioner of Health, in the month of the period above required, and any such person who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 July 1895

4. Place of Birth, (Street and Number) 1021 E. Lombard St.

5. Full Name of Mother, Eda Fissler

6. Mother's Maiden Name, Kirschner

7. Mother's Birthplace, Russia

8. Full Name of Father, Doris Fissler

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 72 Albemarle St

Remarks, _____

RETURN OF A BIRTH. 192015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female) _____

2. *Race or Color, (if not of the white race).*

3. Date of Birth, 1215 E 1st Ave

4. *Place of Birth, (Street and Number)*.....9.....*Sub*

5. Full Name of Mother, Marie Bukner

6. Mother's Maiden Name, Thiruchan

7. *Mother's Birthplace,*.....

8. Full Name of Father, John J. Butcher

9. *Father's Occupation*,

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return, Anna Walker

Address, 728 N. Central Ave.

Remarks,

RETURN OF A BIRTH. 102016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 July 1895

4. *Place of Birth, (Street and Number)*..... 114 Albemarle St.

5. Full Name of Mother, Becky Chen

6. *Mother's Maiden Name,*..... *Wachloss*

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph E. L.

9. Father's Occupation, Business

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 22. A Kemarck St

Remarks,

RETURN OF A BIRTH. 102017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).....Female
2. Race or Color, (if not of the white race).....White
3. Date of Birth,.....30 July 1895-
4. Place of Birth, (Street and Number).....820 E. Baltimore St.
5. Full Name of Mother,.....Rebecca Cohen
6. Mother's Maiden Name,.....Hatz
7. Mother's Birthplace,.....Russia
8. Full Name of Father,.....Baruch Cohen
9. Father's Occupation,.....Tailor
10. Father's Birthplace,.....Russia
Name of Medical Attendant, or other person who makes this Return,.....Mrs E. Schmaro
Address,.....42 Alameda St.
Remarks,.....

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who shall enter the same on blank schedule, to be furnished by the Commissioner of Health, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) July 7/95
 3. Date of Birth, 4/3 N Gay st.
 4. Place of Birth, (Street and Number) Helena Goldsmith-
 5. Full Name of Mother, Kahn
 6. Mother's Maiden Name, Bellw.
 7. Mother's Birthplace, May Goldsmith
 8. Full Name of Father, Muchel.
 9. Father's Occupation, Cumberland Ind
 10. Father's Birthplace, Edw. J. Dwyer
- Name of Medical Attendant, or other person who makes this Return, 208 Myrtle
- Address,
- Remarks,

RETURN OF A BIRTH. 102019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race).*

3. Date of Birth, Feb 20, 1901

4. Place of Birth, (Street and Number) F2 Journal St. 1773

5. Full Name of Mother, Rammi Fisher

6. Mother's Maiden Name, " Stewart

7. Mother's Birthplace, Balto Co. Md.

8. Full Name of Father, John H. Pischke

9. Father's Occupation.....Blacksmith

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, E. J. O'Brien

Address, Los Angeles

Remarks,

.....

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L02020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Mary Elizabeth Quinn*
3. Date of Birth, *July 30/95*
4. Place of Birth, (Street and Number) *125 Anyworth St.*
5. Full Name of Mother, *Annie E. Quinn*
6. Mother's Maiden Name, *Buckles*
7. Mother's Birthplace, *Bucks.*
8. Full Name of Father, *Joseph E. Quinn*
9. Father's Occupation *Carriage Builder*
10. Father's Birthplace, *Bucks.*

Name of Medical Attendant, or other person who makes this Return, *Edward J. [Signature]*

Address, Dr. J. A. [illegible]

Remarks, Full name of child added by father.
Joseph Edwin Father, J. E. Wehn-Res.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 102021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race)-----

3. Date of Birth, July 4/95

4. Place of Birth, (Street and Number) 6182/1 Bannur av.

5. Full Name of Mother *Ann E. Smith*

6. Mother's Maiden Name *Elizabeth*

7. Mother's Birthplace Bullfinch

8. Will Name of Bill _____

1. The name of the child, James Joseph

17. Partner's Occupation Businessman

.....

Name of Medical Attendant, or other person who makes this Return, Edmund J. Deane

Address, Los Angeles

Remarks, _____

RETURN OF A BIRTH. 102022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race).*

3. Date of Birth, July 13/95

4. *Place of Birth, (Street and Number)*..... 726 Orleans st.

5. Full Name of Mother, Annie S. Kiper

6. Mother's Maiden Name, " Gude

7. Mother's Birthplace, Beck

8. Full Name of Father, *Edward L. Kizer*

9. Father's Occupation..... *Merchant*

10. *Father's Birthplace,* - *Charles L. C.*

Name of Medical Attendant, or other person who makes this Return, Edmund J. Driscoll

Address, 258 August 20

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 15 1895

4. Place of Birth, (Street and Number) 920 E Eager St.

5. Full Name of Mother, Sarah A. Colleran

6. Mother's Maiden Name, Callahan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Martin Colleran

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Edw. W. M. M. M.

Address, 284 Reservoir

Remarks,

RETURN OF A BIRTH. LG2024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No of Child of Mother, (state whether 1st, 2d, 3d, &c.

First
Male

1. Sex, (state whether male or female)

Male

2. *Race or ~~Color~~*, (if not of the white race)

3. *Date of Birth,*

Twenty third of July 1895

4. *Place of Birth, (Street and Number*

1241 W. Fayette St.

5. *Full Name of Mother,*

Maria (Widow of Mr. T. L. Moore)

6. *Mother's Maiden Name,*

Maria Kohl

7. *Mother's Birthplace.*

Spindelmühle, Böhmen, Austria

8. *Full Name of Father,*

August Leopold Maass

9. *Father's Occupation.*

Merchant

10. *Father's Birthplace.*

Hamburg Bergmann

Name of Medical Attendant,

or other person who makes this Return, Joseph Allen M.

Address, ..

64 Columbia Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be kept in a true and correct manner, and shall cause the same to be filed in the office of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the provisions of this act, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within the month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 8 July

4. Place of Birth, (Street and Number) 939 East St

5. Full Name of Mother, Willie Hoamp

6. Mother's Maiden Name, Schmitt

7. Mother's Birthplace, Balt.

8. Full Name of Father, Georges Hoamp

9. Father's Occupation,

10. Father's Birthplace, Penn.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. East St.

Remarks,

Register of such birth, and shall keep a true and correct record of the same, and shall be furnished by the Commissioner of Health, and this schedule shall contain a list of the births which have been conferred, its sex, color, the date and place of birth, and the name of the mother, and the name of the father, and the name of the child, and the name of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and to the effect of the provisions of this act, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 29, 1895

4. Place of Birth, (Street and Number) 535 Union St

5. Full Name of Mother, Radie Garrison

6. Mother's Maiden Name, Radie Holland

7. Mother's Birthplace, Md

8. Full Name of Father, Jeremiah Garrison

9. Father's Occupation, Labrer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Res. Phys

Address, Maternity Home, Md. College

Remarks, H10 M. Hoffman St

RETURN OF A BIRTH. L02027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) 7

2. Race or Color, (if not of the white race)..... *w*

3. *Date of Birth,* Aug. 24 - 1895

4. *Place of Birth, (Street and Number)* 1702 S Park Ave

5. Full Name of Mother, Mrs Irvin

6. *Mother's Maiden Name,* Wackler

7. Mother's Birthplace, Brooklyn, N.Y.

8. Full Name of Father, Ge. L. Mai

9. Father's Occupation, *Mr. Clerk*

10. *Father's Birthplace*,..... *Beth*

Name of Medical Attendant, or other person who makes this Return. R. Winslow

Address, 1900 Mt. Royal, Geneva

Remarks,

WM. J. O. DULANY & CO , CITY PRINTERS AND STATIONERS

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L02028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Augst 31-1885

4. Place of Birth, (Street and Number) 1804 N. Hennrich St.

5. Full Name of Mother, Mary Montague

6. *Mother's Maiden Name,* _____ *Direct*

1. Mother's Birthplace, Baltimore Md

S. Full Name of Father, John Montague

1. Father's Occupation..... *Should*

10. *Father's Birthplace,* *Orleans*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers

Wm. J. C. Dulany Co., City Printers and Stationers

register of such birth, and every person who is required hereafter to keep a true and correct register of such birth, shall contain a list of the births, which have occurred under his care, during each month, and shall send forthwith to the Commissioner of Health, a copy of such register, and shall be conferred its sex, color, the full name and occupation of the mother, the date of birth, and the day on which the child was delivered, duly signed by the practitioner in the form of a certificate of birth; and the third day of such month shall be the day of the birth of such child, unless the day of birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period allowed for such report, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, August 21/1895

4. Place of Birth, (Street and Number)..... *Paris 1455*

5. Full Name of Mother, Rachel Hughes

6. Mother's Maiden Name: Rachel Kea

7. Mother's Birthplace..... Campana, C. Mexico

8. Full Name of Father: James J. Smith

9. *Father's Occupation* _____

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. H. Smith

Address, 1909 W. 1st St., St. Paul, Minn.

Remarks,

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Whoever neglects to file a true and correct return of a birth as required by this schedule, or who files a false return, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. This schedule shall be set forth as far as the same can be ascertained, the date and place of birth, the sex, race or color, the date and place of birth, the name and occupation of the mother, the name and occupation of the father, the name and occupation of the medical attendant, the name and occupation of the person who makes this return, the name and occupation of the person who reports the birth to the Registrar, and the name and occupation of the person who reports the death to the Registrar. Any such person or persons who shall neglect to comply with the provisions of this section shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH. L02030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *Colored*

3. Date of Birth,..... *August 19th 1895*

4. Place of Birth, (Street and Number)..... *1111 Philadelphia Road*

5. Full Name of Mother,..... *Julia Tragore*

6. Mother's Maiden Name,..... *P.*

7. Mother's Birthplace,..... *Baltimore*

8. Full Name of Father,..... *Edgar Tragore*

9. Father's Occupation,..... *Writer*

10. Father's Birthplace,..... *Baltimore*

Name of Medical Attendant, or other person who makes this Return,..... *Dr. J. C. Dulany*

Address,..... *101 Stirling*

Remarks,

RECORD OF A BIRTH. 102031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... August 4th 1895
4. Place of Birth, (Street and Number)..... 832 W. Lombard St
5. Full Name of Mother,..... Ida V. Bagwell
6. Mother's Maiden Name,..... Hall
7. Mother's Birthplace,..... Ann Arundel Co. Md
8. Full Name of Father,..... Frank R. Bagwell
9. Father's Occupation..... clerk
10. Father's Birthplace,..... Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Scott M.D.

Address, 741 Grand Street, N.Y.C.

Remarks, _____

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 2, 1945

4. Place of Birth, (Street and Number) 1544 Argyle Ave

5. Full Name of Mother, Annie Hamlin

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Hopkins

9. Father's Occupation..... Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Edith Smith

Address, John M. Hoff
704 E. 1st St.

Remarks, _____

RETURN OF A BIRTH. 162033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 day of Nov 1895

4. Place of Birth, (Street and Number) #800 Hammond

5. Full Name of Mother, Liberia Birari

6. Mother's Maiden Name, Liberia De Beaso

7. Mother's Birthplace, Italy

8. Full Name of Father, Felipe D. Cesaro

9. Father's Occupation.....Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Palma Amabile

Address, No. 235 President St. City

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

102034

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, august 15 1895

4. Place of Birth, (Street and Number) 2847 Cedar Avenue C. T.

5. Full Name of Mother, Emma Davis

6. *Mother's Maiden Name,* Miller

7. Mother's Birthplace, York Co. Pa

8. Full Name of Father, Benjamin Davis

9. *Father's Occupation*..... Fireman

10. *Father's Birthplace,* Balt-co Md

Name of Medical Attendant, or other person who makes this Return, Mary A. Martin

Address, 2804 Cedar avenue

Remarks,

any person or persons who shall be guilty of any offence in the premises shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marion Eugene Fisher M
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 31st 1895
 4. Place of Birth, (Street and Number) 2821 Cedar City
 5. Full Name of Mother, Mary a Fisher
 6. Mother's Maiden Name, Allen
 7. Mother's Birthplace, Baltimore County Md
 8. Full Name of Father, Charles L Fisher
 9. Father's Occupation, Boiler Maker
 10. Father's Birthplace, Balt Co. Md
- Name of Medical Attendant, or other person who makes this Return, Mary a Martin
- Address, 2804 Cedar Avenue
- Remarks,

RETURN OF A BIRTH. 102036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 20, 1896

4. *Place of Birth, (Street and Number)* — *Maiden Chapel Lane*

5. Full Name of Mother, Alberta Ramirez

6. Mother's Maiden Name, Alberta Child

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Donatou L. J. McQuinn

9. Father's Occupation Fireman (P.P.)

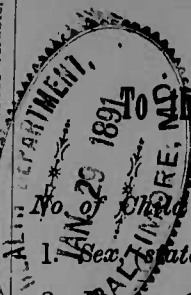
10. Father's Birthplace, Amesbury, Mass.

Name of Medical Attendant, or other person who makes this report _____

Address, Frederick E. Wood, Jr.

Remarks

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH. 102037

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. *7* Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, *Male* (state whether male or female) *white male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *14 of January*
4. Place of Birth, (Street and Number) *1415 Prattman*
5. Full Name of Mother, *Ellen Forster*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *E. V. Forster*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, *Matilda Johnson*
- Address, *1408 Bruce st*
- Remarks, _____

RETURN OF A BIRTH **102038**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. ~~Sex~~ (state whether ~~male~~ or female).

2. *Race or Color, (if not of the white race)*

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. Mother's Maiden Name.

Mother's Birthplace,

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

RETURN OF A BIRTH 102039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) _____

Date of Birth, 24 April 1922

4. *Place of Birth, (Street and Number)*

Full Name of Mother, Barbara Barron

Mother's Maiden Name, Bai...

7. Mother's Birthplace, Germany

8. Full Name of Father, John B. ...

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. *Miss P. Lorenson*

Address, 1225 Hare street

Remarks,

[illegible]

RETURN OF A BIRTH A 103040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3, to
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, June 13, 1890
 Place of Birth, (Street and Number) Forest St No. 109
 Full Name of Mother, Maggie Morale
 Mother's Maiden Name, Maggie Morale
 Mother's Birthplace, Ireland
 Full Name of Father, John Morale
 Father's Occupation, Labourer
 Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, Mrs. Ette
 Address, No. 1617, Cuba St
 Remarks,

No. 1988
 JUN 3 1988
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) **3**
 2. Sex (state whether male or female) *male*
 3. Race or Color, (if not of the white race) *white*
 4. Date of Birth, *Monday 27 July*
 5. Place of Birth, (Street and Number) *1522 Barclay St. Balt.*
 6. Full Name of Mother, *Eugene Johnson*
 7. Mother's Maiden Name, *Eugene Johnson*
 8. Mother's Birthplace, *Baltimore*
 9. Full Name of Father, *August Johnson*
 10. Father's Occupation, *Miller*
 11. Father's Birthplace, *Danvers, Mass.*
 Name of Medical Attendant, or other person who makes this Return, *Mary W. Walter*
 Address, *503 Carolina St.*
 Remarks,

Register of such birth, and shall enter the same on a blank schedule to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her commission, and shall be numbered in the full name and occupation of the mother, and the full name of the child, if any shall have been conferred, its sex, color, the full name and occupation of the father, and the date of birth. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or person or persons of such attendance upon the mother, immediately after the birth, shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each child so to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH **A 102042**
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of July

4. Place of Birth, (Street and Number) House of Refuge

5. Full Name of Mother, Elizabeth Satron

6. Mother's Maiden Name, Eline Ellen Ellen

7. Mother's Birthplace, Baltimore Co

8. Full Name of Father, Dr. G. Satron

9. Father's Occupation, Dr.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friederich Hecker Midwife

Address, 2116 West Pratt St

Remarks, _____

102043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Male.....

Mzite

6th of July

2026 West State

Passerina timbalae

Cara Lin 'Kla'

13. 11.

Waltham

243 O. J. Miller

• Kina ether
12. 25

10. Baltimore

Electrocracks, Coulter Midwife

2116 West Pratt St.

Remarks, _____

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its parents, the date and place of birth, the day of each and every month to the office of the Registrar, or physician or practitioner, or should the child occur without the attendance of a physician or practitioner, the name of the person or persons of such child to report its birth to the Registrar, or physician or practitioner, or should the child be born in any such person or persons who shall hereafter be found to have been subject to the fine of ten (10) dollars for each child, the Registrar may recover as other fine pictures are recoverable.

AUG 1 1890

RETURN OF A BIRTH

102044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 of July

4. Place of Birth, (Street and Number)

412 Perry St

5. Full Name of Mother,

Emilie Brand

6. Mother's Maiden Name,

Emilie Dolius

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chas Brand

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friederike Kuntz midwife

Address,

2116 West Pratt

Remarks,

103045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 July 1901
4. Place of Birth, (Street and Number) 1201 Holland St.
5. Full Name of Mother, Gustave Koller
6. Mother's Maiden Name, Wendler
7. Mother's Birthplace, Altendorf, Bavaria
8. Full Name of Father, Ernst Koller
9. Father's Occupation, Engineer
10. Father's Birthplace, Dallbach, Prussia

Name of Medical Attendant, or other person who makes this Return, James H. Lee

Address, _____

Remarks.

RETURN OF A BIRTH L02046

Katherine Zalegiris

No. of Child of Mother, (state whether 1st, 2^d, 3^d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. *Date of Birth*, *born July 9th 1890*

4. *Place of Birth, (Street and Number)* 112 S. Sharp st

5. Full Name of Mother, *Anie Haraskevici*

6. Mother's Maiden Name, Anni Jalagiris

7. Mother's Birthplace, Poland born Russian

8. Full Name of Father, Vincent Valerius

9. *Father's Occupation,..... Sawyer*

10. *Father's Birthplace,*..... *San Russian*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH **A** 102047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5th child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 July

4 Place of Birth, (Street and Number) 1919 Shore street.

6. Full Name of Mother, *Ana Madron*

6. Mother's Maiden Name, Anne Lachinbi

7. Mother's Birthplace, Germany

8. Full Name of Father, Arvind Kumar

9. Father's Occupation, Lawyer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who Wesley L. Lickens

Address, 1995

Remarks,

RETURN OF A BIRTH. A 103048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 8 -
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... Colored
3. Date of Birth,..... June 12 1891 + 1892. 07
4. Place of Birth, (Street and Number)..... 5-43 Walnut
5. Full Name of Mother,..... Lizzie Smith
6. Mother's Maiden Name,..... Lizzie Dorsey
7. Mother's Birthplace,..... Baltimore Md.
8. Full Name of Father,..... Frank Smith
9. Father's Occupation,..... Painter
10. Father's Birthplace,..... Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return,..... Hester Potince
- Address,..... 309 Preston St.
- Remarks,

Each person attending a birth shall hereafter take place, shall keep a true and correct register of such births, and shall cause the same to be entered in the register of the Registrar of Health, and this schedule shall contain a list of the births which have occurred under the provisions of the Act, and shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of the month in which the birth occurred, and the day on which the child is born, to the Registrar of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 102049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 Apr. 1893
4. Place of Birth, (Street and Number) No. 13 W. Barney St.
5. Full Name of Mother, Jehannah Sonnenleiter
6. Mother's Maiden Name, Kochlein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Sonnenleiter
9. Father's Occupation, Cabinet-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Hirsch

Address, 800 Leadenhall St.

Remarks, _____

RETURN OF A BIRTH. A L02050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Albino Murderer

1. Sex, (state whether male or female) Ein Mädchen

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 May 3

4. Place of Birth, (Street and Number), 1528 N. Summit Ave

5. Full Name of Mother, Albina Tröger

8. Mother's Maiden Name, Yarners

7. Mother's Birthplace, Flomcrstork, Sachsen, Germany

8. Full Name of Father, John W. Warrberger

9. Father's Occupation.....Cabinet Maker

10. Father's Birthplace, Gröpa, Preussen Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 9 Mass. Ave. I. Shakerum

Remarks, 731 Cumberland St

RETURN OF A BIRTH.

102051

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 5th 84*
4. Place of Birth (Street and Number) *Goravtown, temporary*
5. Full Name of Mother *Victoria P. Richardson*
6. Mother's Maiden Name *" " Jackson*
7. Mother's Birthplace *Balta, Leo*
8. Full Name of Father *Henry D. Richardson*
9. Father's Occupation *~~Baltimore~~ Train dispatcher*
10. Father's Birthplace *Balta,*
Name of Medical Attendant, or other Person who makes this Return. *Irving Miller M.D.*
Address *179 East Monument St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

103052

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

cc.) Fifth and sixth child
Twins male and female

Jan 23rd 1854

No. 3 black iron st

Rosina Paulus

Neeland

10 America

Paul Paulus

Foreman in Gasthaus

Germany.

or other Person who
makes this Return.

OR other Person who makes this Return *J. Schwaiger* *Michigan*

1330 Banover st.

Remarks, one of these trainees (female) died after usage of twelve hours in cause of weakness.

L02053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15h

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jan 4th 96 White
3. Date of Birth, Jan 4th 96
4. Place of Birth, (Street and Number) 1616 E. Eager
5. Full Name of Mother, Mary O Roeder
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Phila
8. Full Name of Father, Chas. H. Jr. Roeder
9. Father's Occupation, Electrical worker
10. Father's Birthplace, Kent Co Md
- Name of Medical Attendant, or other person who makes this Return, B. Schwatta M. D
- Address, 1003 W Broadway
- Remarks,

Register of Births, Deaths, and Marriages shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of each and every month. The full name and occupation of the parents, the date and place of birth, the sex, color, and race of the child, and the name of the physician or practitioner of midwifery, or should no other person be in attendance at the birth, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each and every month. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 21st 1896

4. Place of Birth, (Street and Number) 432 N. Euter

5. Full Name of Mother, Georgia T. Francis

6. Mother's Maiden Name, Ash

7. Mother's Birthplace, Balto

8. Full Name of Father, Thos Francis

9. Father's Occupation, Veterinary Surgeon

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatta M. D.

Address, 1003 N. Bay

Remarks, This escaped me last month and I report now with apologies to Commissioner

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

122842
102055

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- 1. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
- 2. Sex (state whether Male or Female) *Male*
- 3. Race or Color (if not of the white race) *White*
- 4. Date of Birth *Jan 11 1878*
- 5. Place of Birth (Street and Number) *189 Lytle Ave*
- 6. Full Name of Mother *Virginia LaPorte*
- 7. Mother's Maiden Name *Muecke*
- 8. Mother's Birthplace *Baltimore Md*
- 9. Full Name of Father *Henry LaPorte*
- 10. Father's Occupation *Mechanic*
- 11. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sumner Field*
- Address *38 Penna Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102055

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
(state whether Male or Female) *Male*
Race or Color (if not of the white race) *White*
Date of Birth *Jan 4 1878*
Place of Birth (Street and Number) *187 E. Fayette Ave*
Full Name of Mother *Virginia G. Post*
Mother's Maiden Name *Wheeler*
Mother's Birthplace *Baltimore Md*
Full Name of Father *Samuel L. Post*
Father's Occupation *Merchant*
Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Emma Feld*
Address *38 Penna. Ave*
Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
Sex (state whether Male or Female)
Race or Color (if not of the white race)
Date of Birth
Place of Birth (Street and Number)
Full Name of Mother
Mother's Maiden Name
Mother's Birthplace
Full Name of Father
Father's Occupation
Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return
Address
Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

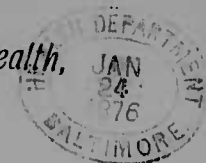
Remarks

Fifth
Female
White
Jan. 27th 1876
100 Hillen St
Mary Heach
Mary Rea
Balt. Md.
Henry Heach
Oysterman
Balt. Md.
Silas W. Hunter
111 Greenmount Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 20 January 1876
4. Place of Birth (Street and Number) Block 2, Loring St 20
5. Full Name of Mother Henry H. Loring
6. Mother's Maiden Name Waller
7. Mother's Birthplace Carroll, Maryland
8. Full Name of Father Robert W. Waller
9. Father's Occupation None
10. Father's Birthplace None
Name of Medical Attendant, or other Person who makes this Return. Robert W. Waller
Address No 10 Thimble Street
Remarks Mother and Child Laming, Will

RETURN OF A BIRTH.

102058

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 January 1875*
4. Place of Birth (Street and Number) *232 Charles St*
5. Full Name of Mother *Eliza Straub*
6. Mother's Maiden Name *Abendschein*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Max Straub*
9. Father's Occupation *Wagon-Driver*
10. Father's Birthplace *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kohl*
- Address *328 South Eutan St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth *Tuesday Jan 11 1916*
4. Place of Birth (Street and Number) *225 Cathedral St.*
5. Full Name of Mother *Anne Small*
6. Mother's Maiden Name *Fry*
7. Mother's Birthplace *Penn.*
8. Full Name of Father *Lewis Small*
9. Father's Occupation *Bridalayer*
10. Father's Birthplace *Penn.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. S. S. Sanyhull M.D.*
- Address *129 W. 12th St.*
- Remarks *Premature labor.*

and any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02060

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Baltimore*
4. Place of Birth (Street and Number) *203 Mulligan St.*
5. Full Name of Mother *Elizabeth Stanley*
6. Mother's Maiden Name *Stanley*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father *Abraham Stanley*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Dorchester County Md*
- Name of Medical Attendant, or other Person who makes this Return *Mary Ann Hammond*
- Address *No 221 Mulligan St*
- Remarks

RETURN OF A BIRTH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02061

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Baltimore*

4. Place of Birth (Street and Number) *Ann St*

5. Full Name of Mother *Elizabeth Hayward*

6. Mother's Maiden Name *Stowell*

7. Mother's Birthplace *Alexandria Va*

8. Full Name of Father *William Hayward*

9. Father's Occupation *Wagoner*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Ann Hayward*

Address *1221 Mulberry St*

Remarks

RETURN OF A BIRTH.

TO THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. L02062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 5th 1876*
4. Place of Birth (Street and Number) *236 N. Eutan St*
5. Full Name of Mother *Marion Cole Brigham*
6. Mother's Maiden Name *Marion B Cole*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William T. Brigham*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Watertown Massachusetts*
Name of Medical Attendant, or other Person who makes this Return. *J. Schmidt M.D.*
Address *N. 92 N. Eutan St*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02063

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 5th

4. Place of Birth (Street and Number) Stockton Alley bet. Lincoln & Adams

5. Full Name of Mother Annie Dickerson

6. Mother's Maiden Name Annie Dickerson

7. Mother's Birthplace South Carolina

8. Full Name of Father Geo. James

9. Father's Occupation Driver

10. Father's Birthplace South Carolina

Name of Medical Attendant, or other Person who makes this Return. Wm. Wilson

Address 101 Chestnut Alley

Remarks

RETURN OF A BIRTH.

152064

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second (2nd)

1. Sex (state whether Male or Female)

Female Florence Ella Le Maître

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 30th 1874

4. Place of Birth (Street and Number)

319 Lombard St

5. Full Name of Mother

Elizabeth Lemaire Le Maître

6. Mother's Maiden Name

Elizabeth Lucy

7. Mother's Birthplace

England

8. Full Name of Father

John Lemaire Le Maître

9. Father's Occupation

Ornamental Binder

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return

Rachel A. Smith

Address

435 Alice Anna St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTED BY Barthonia Rend
SEE DOCUMENT FILE NO L-62064
DATE 2/12/41 W. H. Lewis
CLERK

Small fee for attendance upon the child to report its birth to the Commissioner of Health, in a form prescribed by the Commissioner, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 31 of January 1891
 4. Place of Birth, (Street and Number) 705 Pine St.
 5. Full Name of Mother, Anna Burroughs
 6. Mother's Maiden Name, Pear
 7. Mother's Birthplace, Prussia (Germ)
 8. Full Name of Father, Lombard Burroughs
 9. Father's Occupation, Electrician
 10. Father's Birthplace, Westmoreland (Penn)
- Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss
- Address, 2524 Lancaster St.
- Remarks, _____

RETURN OF A BIRTH. L02066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

At any physician, accoucher, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02067

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 1st
1. Sex (state whether Male or Female)..... Female
2. Race or Color (if not of the white race).....
3. Date of Birth..... July 29th 1876
4. Place of Birth (Street and Number)..... 81 W. 1st St
5. Full Name of Mother..... Kate Smith
6. Mother's Maiden Name..... " Winters
7. Mother's Birthplace..... Baltimore Md
8. Full Name of Father..... Wm. Smith
9. Father's Occupation..... Engineer
10. Father's Birthplace..... Maryland
- Name of Medical Attendant, or other Person who makes this Return..... Annie Meserach (Midwife)
- Address..... 220 Preston St
- Remarks.....

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *July 11th 1876*
4. Place of Birth (Street and Number) *No. 300. Hamburg st.*
5. Full Name of Mother *Matilda Ford.*
6. Mother's Maiden Name *Matilda Kyles.*
7. Mother's Birthplace *Calvert Co. Md.*
8. Full Name of Father *John Ford*
9. Father's Occupation *Sailor.*
10. Father's Birthplace *St Mary Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Milly. Graft.*
- Address *No. 249. Hamburg st.*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Had 6 children*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Nov 17 1877*
4. Place of Birth (Street and Number) *Chesnut 11 149*
5. Full Name of Mother *Charles Norton*
6. Mother's Maiden Name *Charles Norton*
7. Mother's Birthplace *Chesnut 11 149*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RETURN OF A BIRTH.

L02070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *light*

3. Date of Birth *Birth ten days & 1/2 after*

4. Place of Birth (Street and Number)

5. Full Name of Mother *Carroll Thompson*

6. Mother's Maiden Name *Carroll*

7. Mother's Birthplace *of Maryland*

8. Full Name of Father *James Carroll*

9. Father's Occupation *Doctor*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Wm. S. Thompson*

Address

Remarks

Persons at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102071

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9 1897
4. Place of Birth (Street and Number) N. 5th St. Baltimore
5. Full Name of Mother Elizabeth T. Tinsley
6. Mother's Maiden Name Elizabeth Tinsley
7. Mother's Birthplace Baltimore
8. Full Name of Father Olo Tinsley
9. Father's Occupation Roffen Master
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Dr. J. H. Tinsley
- Address 1244 Union St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Best Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 102072

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *these were 1st & 2d*
1. Sex (state whether Male or Female) *it is a male*
2. Race or Color (if not of the white race) *it is a fair born*
3. Date of Birth
4. Place of Birth (Street and Number) *Sch. Was born in*
5. Full Name of Mother *Baltimore it is before*
6. Mother's Maiden Name *born she live on*
7. Mother's Birthplace *son getty-bugers the 1st*
8. Full Name of Father *Jane wife he is it is*
9. Father's Occupation *scale*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return *mtz large line*
- Address *Wilson*
- Remarks *Grade St 393*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102073

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother 2d Be*
1. Sex (state whether Male or Female) *boy No 3 one on Aug the*
2. Race or Color (if not of the white race) *2d*
3. Date of Birth *it is a no*
4. Place of Birth (Street and Number) *she was born in Balti*
5. Full Name of Mother *more she has no name*
6. Mother's Maiden Name *it is I don't no*
7. Mother's Birthplace
8. Full Name of Father *John & Deke is a*
9. Father's Occupation *flect*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. C. Line*
- Address *Wilmington*
- Remarks *Cross St 393*

May 1874
May 1874

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02074

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *born on September*
4. Place of Birth (Street and Number) *the 4th St. Wash. home in*
5. Full Name of Mother *Baltimore the live on Cross*
6. Mother's Maiden Name *3 2 21*
7. Mother's Birthplace
8. Full Name of Father *George Webster*
9. Father's Occupation *he is a writer*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Amge Line Wilson*
- Address
- Remarks *393 Cross st*

RETURN OF A BIRTH.

L02075

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *190 Warner Street Bld*
1. Sex (state whether Male or Female) *Baltimore and*
2. Race or Color (if not of the white race) *it is color of his mother*
3. Date of Birth *is name lower nephew and*
4. Place of Birth (Street and Number) *its father is name Charles*
5. Full Name of Mother *up. bld. it is a Boy Born October*
6. Mother's Maiden Name *th 4 p 18 77 the father of him works*
7. Mother's Birthplace *in a slave mid th th mid wife*
8. Full Name of Father *annie Johnson*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

RECEIVED
JAN 10 1897
BALTIMORE CITY

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02076

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female).....
 2. Race or Color (~~if not of the~~ white race)..... *White.*
 3. Date of Birth..... *Jan 16 1897*
 4. Place of Birth (Street and Number)..... *3rd St. & 1st St. N.W.*
 5. Full Name of Mother..... *Ellen E. Brown*
 6. Mother's Maiden Name..... *Ellen E. Brown*
 7. Mother's Birthplace..... *Albany, N.Y.*
 8. Full Name of Father..... *George L. Brown*
 9. Father's Occupation..... *Book Keeper*
 10. Father's Birthplace..... *Barnes, Md.*
- Name of Medical Attendant, or other Person who makes this Return..... *John D. Brown, M.D.*
- Address.....
- Remarks.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 16th 1877

4. Place of Birth (Street and Number) 84 Leadenhall Street

5. Full Name of Mother Augusta Martin

6. Mother's Maiden Name " Domi

7. Mother's Birthplace Germany

8. Full Name of Father Leonhard Martin

9. Father's Occupation Cooper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Catharina Munch

Address 74 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

102078

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

in Baltimore
in Baltimore
it is the race
26 March 1877 du
in Baltimore door no 16 37
Mary Ellen
Mary Ellen
John C. Golechale
Joseph
Lambert
swochac
H. C. Golechale
69
Washington St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 102079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *May 24th 1877*

4. Place of Birth (Street and Number) *23. Bow St.*

5. Full Name of Mother *Mary L. Williams*

6. Mother's Maiden Name *" " "*

7. Mother's Birthplace *G. O. Co. Md.*

8. Full Name of Father *George L. W. W. W.*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Charlotte Wilson
33. Forest

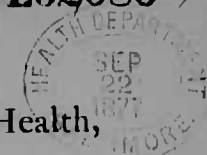
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102080



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth September 18, 1877
 4. Place of Birth (Street and Number) E. Monument St. No. 324. No. 334
 5. Full Name of Mother Emilie Berger
 6. Mother's Maiden Name Emilie Metzger
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father Adam Berger
 9. Father's Occupation Baker
 10. Father's Birthplace Weisbrun, N. Baim, Germany
- Name of Medical Attendant, or other Person who makes this return Mary E. Muller
- Address N. Dallas St. No. 26
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02081

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 1st*

1. Sex (state whether Male or Female) *it is a male child*

2. Race or Color (if not of the white race) *it is color the*

3. Date of Birth

4. Place of Birth (Street and Number) *Baltimore Cal St. No. 19*

5. Full Name of Mother *Jane Chambers*

6. Mother's Maiden Name *it don't no*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Chambers*

9. Father's Occupation *carman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *Large St*

Remarks *April 30 11*
Coase St 313

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102082

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *bus by. known give birth*
1. Sex (state whether Male or Female) *to a male. aug 5-2*
2. Race or Color (if not of the white race) *to color*
3. Date of Birth
4. Place of Birth (Street and Number) *Kteniba Horar St 174*
5. Full Name of Mother
6. Mother's Maiden Name *bus by green*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *James boys*
9. Father's Occupation *Brick yard*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return
- Address *Angelina Willison*
- Remarks *372 Grand St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102083

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *in Baltimore*
1. Sex (state whether Male or Female) *in Baltimore*
2. Race or Color (if not of the white race) *it is white*
3. Date of Birth *20 May 1877*
4. Place of Birth (Street and Number) *in Baltimore Washington St*
5. Full Name of Mother *Mary Anne*
6. Mother's Maiden Name *Leah*
7. Mother's Birthplace *Spain*
8. Full Name of Father *Rev. George*
9. Father's Occupation *secc. at work*
10. Father's Birthplace *in Spain first child*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Chapman*
- Address *North Washington St*
- Remarks *Mr. 67*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102084



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *third*

1. Sex (state whether Male or Female)..... *male*

2. Race or Color (if not of the white race)..... *Colored*

3. Date of Birth..... *11th*

4. Place of Birth (Street and Number)..... *Baltimore Md 176 mallick st*

5. Full Name of Mother..... *Martha A Butler*

6. Mother's Maiden Name..... *Martha A. Carter*

7. Mother's Birthplace..... *Washington D C*

8. Full Name of Father..... *David J B Butler*

9. Father's Occupation..... *laborer*

10. Father's Birthplace..... *Washington D C*

Name of Medical Attendant, or other Person who makes this Return.....

Address.....

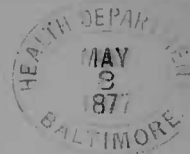
Remarks.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02085

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltimore 1*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *born the 11 of May*
3. Date of Birth *it is a male child*
4. Place of Birth (Street and Number) *live in street 242*
5. Full Name of Mother *this mother is white*
6. Mother's Maiden Name *mother of the mother*
7. Mother's Birthplace *in Baltimore the 11th of May*
8. Full Name of Father *in Baltimore the 11th of May*
9. Father's Occupation *mother*
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Real Record of Vital Statistics for the City of Baltimore.

Wilmington
C. Caspary 393

| | | |
|-------|--------------------------------------|------|
| Oct | | 1881 |
| March | 2. | 1881 |
| Sept | 17. 18 | 1881 |
| Oct | 10. 31 | 1881 |
| Nov | 1. 3. 8. 10. 19 | 1881 |
| Dec | 1. 6. 22 | 1881 |
| Jan | 1. 3. 4. 6. 8. 9. 10. 13. 14. 19. 20 | 1882 |
| Feb | 1. 3. 4. 6. 8. 9. 10. 13. 14. 19. 20 | 1882 |
| May | 2. 6 | 1882 |
| June | 10. 20 | 1882 |

That any Physician, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

2 September

4. Place of Birth, (Street and Number).....

52 S. Canal

5. Full Name of Mother,.....

Marie Waszkome

6. Mother's Maiden Name,.....

Folings

7. Mother's Birthplace,.....

Balt. Md.

8. Full Name of Father,.....

Patrick Waszkome

9. Father's Occupation,.....

Workingsmann

10. Father's Birthplace,.....

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Casper

Address,.....

52 E. Lombard

Remarks,.....

RETURN OF A BIRTH

RETURN OF A BIRTH

102088

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd September

4. Place of Birth, (Street and Number) 556 Chester St

5. Full Name of Mother, Mary Garrison

6. Mother's Maiden Name, Frieder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Garrison

9. Father's Occupation, Shipsmith

10. Father's Birthplace, Maryland Co

Name of Medical Attendant, or other Person who makes this Return, Mrs. Wiley

Address, 12 Patterson Park

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102089

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2 nd
1. Sex (state whether male or female)..... male
2. Race or Color (if not of the white race).....
3. Date of Birth..... Sept- 3 rd
4. Place of Birth (Street and Number)..... 404 Lexington St
5. Full Name of Mother..... Emma Agnes Young
6. Mother's Maiden Name..... " " " " " "
7. Mother's Birthplace..... Baltimore
8. Full Name of Father..... William Hamallin Doyle
9. Father's Occupation..... Carpenter
10. Father's Birthplace..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return..... Catarina Barlage
- Address.....
- Remarks..... Child in good health.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, L02090

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth September 3, 1880
4. Place of Birth, (Street and Number) No. 349 Mc Donough St.
5. Full Name of Mother Katie Edwards
6. Mother's Maiden Name Katie Hunt
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick Edwards
9. Father's Occupation Shoemaker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Howell
- Address 286 Mc Donough St
- Remarks _____

RETURN OF A BIRTH.

L02091

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4th Sept.*
4. Place of Birth (Street and Number) *No 227 Biddle St*
5. Full Name of Mother *Louise Mackall*
6. Mother's Maiden Name *" Chew*
7. Mother's Birthplace *Balto Co. Md.*
8. Full Name of Father *Joseph Mackall*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Baltimore Co. Md*
Name of Medical Attendant, or other Person who makes this Return. *Charles A. Leiger, M.D.*
Address *No. 145, 9th Ave.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, midwife, or other person, by statute, who shall deliver, assist at, or receive any child, within the City of Baltimore, shall report to the Registrar of Births, Deaths, and Marriages, within six days thereafter, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH L02092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 September
4. Place of Birth, (Street and Number) 29 Albemarle
5. Full Name of Mother, Henriette Forster
6. Mother's Maiden Name, Lambert
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Ernst Forster
9. Father's Occupation, Painter
10. Father's Birthplace, Balt. Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Sara Casper
- Address, 52 E. Lombard
- Remarks,

RETURN OF A BIRTH 102093

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 September

4. Place of Birth, (Street and Number)

20 Concord

5. Full Name of Mother,

Emily Boldern

6. Mother's Maiden Name,

Glasborn

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Will. Boldern

9. Father's Occupation,

workingman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this return.

Mrs. Sara Casper

Address,

52 E. Lombard

Remarks,

That any physician, minister, or other person in charge, who shall attend, nurse, or deliver at the birth of any child, within six days thereafter, shall report to the Registrar aforesaid, the date, hour, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 September

4. Place of Birth, (Street and Number) 62 President

5. Full Name of Mother, Rosina Nobelgate

6. Mother's Maiden Name, Rome

7. Mother's Birthplace, Italia

8. Full Name of Father, August Nobelgate

9. Father's Occupation, Musician

10. Father's Birthplace, Italia

Name of Medical Attendant, or other Person who makes this Return, Mrs. Para Casper

Address, 52 Lombard

Remarks,

That any physician, nurse, midwife, or other person in charge, who shall attend, assist at, or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH L03005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... *6 September*
4. Place of Birth, (Street and Number)..... *324 McDonald St*
5. Full Name of Mother,..... *Marie Smiet*
6. Mother's Maiden Name,..... *Seneson*
7. Mother's Birthplace,..... *Balt Md*
8. Full Name of Father,..... *Josef Smiet*
9. Father's Occupation,..... *Clark*
10. Father's Birthplace,..... *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Casper*
- Address,..... *52 E Lombard*
- Remarks,.....

RETURN OF A BIRTH L02096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1st October 1880

4. Place of Birth, (Street and Number) 3 Eden St. C.

5. Full Name of Mother, Trilla Franklin

6. Mother's Maiden Name, "

7. Mother's Birthplace, Louisiana

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return, Dr. Frank J. Baker

Address, 5 St. Paul Ave

Remarks, "

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

L-02096 1/2
L-02096 1/2



That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Male*
2. Sex (state whether Male or Female) *Male*
3. Race or Color (if not of the white race) *White*
4. Date of Birth *2nd of March 1881*
5. Place of Birth (Street and Number) *No 284 Dallas St*
6. Full Name of Mother *Josephine Barker*
7. Mother's Maiden Name *Josephine Katschmark*
8. Mother's Birthplace *Germany*
9. Full Name of Father *John Barker*
10. Father's Occupation *Labor*
11. Father's Birthplace *Germany*
12. Name of Medical Attendant, or other Person who makes this Return.
13. Address *No 214 South Bond. Dr. Thos Truener*
14. Remarks *John Brown No 224 South Bethel St
buried At 2 P.m. at St Alphonsus Cemetery.*

RETURN OF A BIRTH L02097

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



White

Apr 17, 1881

313 N. Ann St.

Fannie J. B. Hooper

Reese

Washington D.C.

Comdr J. B. Hooper

Engineers Supplies

Balt City

W. H. White, M.D.

317 N Broadway

RETURN OF A BIRTH 102098

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race) *White-*
 3. Date of Birth, *September 17, 1881*
 4. Place of Birth, (Street and Number) *244 Elm St. Rueckert*
 5. Full Name of Mother, *Lavin Spicer (Rueckert)*
 6. Mother's Maiden Name, *" " McDonald*
 7. Mother's Birthplace, *Balto City*
 8. Full Name of Father, *Elm R. (Rueckert) Rueckert*
 9. Father's Occupation, *Machinist*
 10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *W. H. White M.D.*
- Address, *347 N. Broadway*
- Remarks, *Walter William Rueckert*

"That any physician, apothecary, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CORRECTED BY Belle Bond
SEE DOCUMENT FILE NO. 1-22098
DATE 11/5/11 MA. ROBERTS
CLERK

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 102099

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Sep 18, 1881

264 N. Central Ave

Emma Ballman

Elliott

Balt.

John W. Ballman

Painter

Balt.

W. White, M.D.

264 N. Broadway

RETURN OF A BIRTH

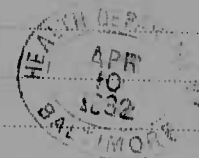
RETURN OF A BIRTH 102100

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

"That any physician, surgeon, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar, at the birth, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return
- Address,
- Remarks,



RETURN OF A BIRTH L02101

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 10, 1881*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
7 Morris Place

Alice J. A. Kemp
Robey

Baltimore

Clarence Kemp

Manufacturer

Balt City

W. W. White, M.D.

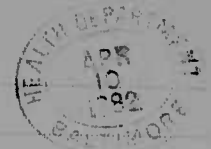
217 N. Broadway

"Think any physician, accoucheur, midwife, or other person in charge, who shall actually assist or advise at the birth of any child, within the City of Baltimore, to neglect to file this Return, or to file it after the expiration of six days thereafter, stating distinctly the date of birth, sex, and color of the child, and the name of the mother, and the maiden name of the mother of such child or children, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

L02102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

As soon as any child is born, the mother or other person in charge, who shall attend, assist or deliver the child, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Mar. 1, 1881

4. Place of Birth, (Street and Number) 39 S. Fulton St

5. Full Name of Mother, *Wille Ellenger*

6. Mother's Maiden Name, " Pallard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Ellinger

9. Father's Occupation, *Cattle Dealer*

10. *Father's Birthplace,* Ball City

Name of Medical Attendant, or other Person who makes this Return *W. White, M.D.*

Address, *247 N. Broadway*

Remarks,

"*And any physician, osteopath, chiropractor, or other person in charge, who shall attend, treat or advise at the birth of any child, within the city of Baltimore, or of Baltimore, shall report to the registrar, in writing, within six days thereafter, stating distinctly the date of birth, sex, and color of the respective infant, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH L02104

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 3, 1881

4. Place of Birth, (Street and Number) 627 Gay St

5. Full Name of Mother, Mary E. Kepler

6. Mother's Maiden Name, " Howard

7. Mother's Birthplace, Balto City

8. Full Name of Father, George Kepler

9. Father's Occupation, Bell Ringer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return M. White, M.D.

Address, 317 N Broadway

Remarks,

"That any physician, nurse, or other person, who shall neglect to make a return of the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and the name of the mother, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 102105

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

to be filled out by the Registrar, or other person in charge, who shall ascertain, ascertained, or ascertains, the date of birth, the sex, the race or color of the child or children, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Nov 19, 1881

413 Eager St

Lizabeth Jones

Gordon

Balt.

Eso Jones

Driver B. H.

Balt City

W. H. White - M.D.

267 N Broadway

When any physician, midwife, or other person, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102108

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *December 1st 1887*
4. Place of Birth, (Street and Number) *N W corner Bank & Patterson Sts. Cor.*
5. Full Name of Mother, *Elizabeth Maris*
6. Mother's Maiden Name, *Elizabeth Gribbin*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Carlos Maris*
9. Father's Occupation, *merchant*
10. Father's Birthplace, *Spain*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Salzer*
- Address, *163 W Lombard St*
- Remarks,

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE COUNTY, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE HARBOR, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE PENNSYLVANIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MARYLAND, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE VIRGINIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE NORTH CAROLINA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE SOUTH CAROLINA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE GEORGIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE ALABAMA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MISSISSIPPI, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE LOUISIANA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE ARIZONA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CALIFORNIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE TEXAS, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE NEW YORK, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE PENNSYLVANIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE OHIO, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE INDIANA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE ILLINOIS, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MISSOURI, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE KANSAS, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE NEBRASKA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MINNESOTA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE WISCONSIN, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE IOWA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE NEBRASKA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE KANSAS, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MISSOURI, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE ILLINOIS, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE INDIANA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE OHIO, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE PENNSYLVANIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE NEW YORK, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE TEXAS, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CALIFORNIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE ARIZONA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE LOUISIANA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MISSISSIPPI, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE ALABAMA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE GEORGIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE SOUTH CAROLINA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE NORTH CAROLINA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE VIRGINIA, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE MARYLAND, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE HARBOR, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE COUNTY, OR BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY.

and any other person in charge, who shall attend, or
advise at the birth of any child, or who shall be
within six days thereafter, stating distinctly the
date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

white-

Dec 6, 1881

J. Ann St 304

Dora Gollum

" Davis

Prince Geo Co Md

Joseph H. Gollum

Porter

Balt City

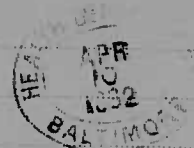
M White, M.D.

367 Broadway

RETURN OF A BIRTH

1002110

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

When any child is born, the mother, or father, or other person, who shall attend, assist, or deliver the child, shall report to the Registrar of Births, within six days thereafter, stating distinctly the name, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102111

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 1st 1882*
4. Place of Birth (Street and Number) *No 34 Boyed St*
5. Full Name of Mother *Mrs Lucy Gaugh*
6. Mother's Maiden Name *Miss Lucy Bennett*
7. Mother's Birthplace *St. Mary's County Md*
8. Full Name of Father *Mr Frank Gaugh*
9. Father's Occupation *Book Binder*
10. Father's Birthplace *St. Mary's County*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Sarratt L. Davis*
- Address *No 34 Jasper St*
- Remarks *From Baltimore*

That any physician, midwife, or other person to whom shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace*,...

Name of Medical Attendant, or other Person who makes this Return

Address,...

Remarks,

advised at the birth of my child, and, within a few days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

(Name of Child) (State whether 1st, 2d, 3d, &c.)
(Sex) (State whether Male or Female)
(Race or Color) (if not of the white race)
(Date of Birth)
(Place of Birth) (Street and Number)
(Full Name of Mother)
(Mother's Maiden Name)
(Mother's Birthplace)
(Full Name of Father)
(Father's Occupation)
(Father's Birthplace)
(Name of Medical Attendant, or other Person who makes this Return)
(Address)
(Remarks)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar/aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102113

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Choc.*
3. Date of Birth *Second day of December*
4. Place of Birth (Street and Number) *2106 Hill Street*
5. Full Name of Mother *Ellie Ann Sidney*
6. Mother's Maiden Name *Ellie Ann Graham*
7. Mother's Birthplace *Easton, Base, Maryland*
8. Full Name of Father *Luther Sidney*
9. Father's Occupation *laborer*
10. Father's Birthplace *Virginia*
Name of Medical Attendant, or other Person who makes this Return *Dr. J. C. Richardson*
Address *212 Dorset Street*
Remarks *Mother and child doing well*

RETURN OF A BIRTH.

LO2114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 3. 82

4. Place of Birth (Street and Number)

107 E. Eagle St

5. Full Name of Mother

Mary E. Long

6. Mother's Maiden Name

Mary E. Jones

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George E. Long

9. Father's Occupation

Iron Molder

10. Father's Birthplace

St. Marys County Md

Name of Medical Attendant, or other Person who makes this Return.

Sarah Gordon

Address

120 Greenmount ave

Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *January 4th 1882*

4. Place of Birth, (Street and Number) *161 W. Lombard St. (Maternity)*

5. Full Name of Mother, *Ellen Smith (wid)*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *"*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *L. L. Bittling, M.D.*

Address, *161 W. Lombard St. (Maternity)*

Remarks, *L. O. I. P. Illegitimate*

"That any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 102116

To the Office of Registrar of Vital Statistics, Board of Health;

Name: *Albert C. Schweiger* **BALTIMORE CITY.** *Jan 5th 1882.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 4th 1882*

4. Place of Birth, (Street and Number) *No 245 S. Han. St.*

5. Full Name of Mother, *Henrietta Schweiger*

6. Mother's Maiden Name, *Henrietta Brown*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Mathias Schweiger*

9. Father's Occupation, *Stevardore*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Anand.*

Address, *N. 137 S. Hope St.*

Remarks,



That any physician, accoucheur, midwife, or other person in charge of any child, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTED BY

SEE DOCUMENT

DATE

Employment Record

and

10-31-46

CLERK

That any Physician, midwife, or other person in charge, who shall attend, assist, or deliver a child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 20 January 1946
4. Place of Birth, (Street and Number) 17 Shields Way Baltimore
5. Full Name of Mother, Mrs. Stephen
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Henry
9. Father's Occupation, Master
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Jones
- Address, 17 Market St Baltimore
- Remarks,

RETURN OF A BIRTH L02118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th February*

4. Place of Birth, (Street and Number) *No. 60. Full St. W.*

5. Full Name of Mother, *Corinne A. Spivey*

6. Mother's Maiden Name, *Corinne A. Spivey*

7. Mother's Birthplace, *Harrington, Florida*

8. Full Name of Father, *Thomas H. Morrey*

9. Father's Occupation, *Cement Stone Maker*

10. Father's Birthplace, *Dublin, Ireland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Denny 57. Broadway*

Address,

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 102119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Edna Wingard
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 11, 1882*

4. Place of Birth, (Street and Number) *294 N. Harford av.*

5. Full Name of Mother, *Jennie M. Wingard*

6. Mother's Maiden Name, *" " Robinson*

7. Mother's Birthplace, *Northumberland Co. Virg.*

8. Full Name of Father, *Arthur C. Wingard*

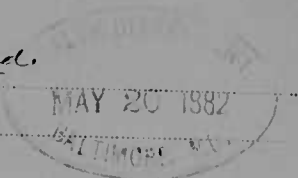
9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Batts. Ind.*

Name of Medical Attendant, or other Person who makes this Return *Geo. A. Hartman M.D.*

Address *305 W. Caroline St.*

Remarks



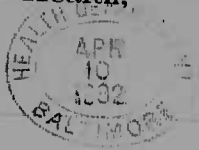
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver a child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

107

Name added from
his kind & sharing and
Document filed 10/21/19
9/10/44 in
Index

RETURN OF A BIRTH L02120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



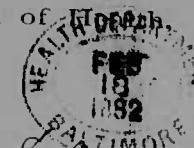
No. of Child of Mother, (state whether ~~1st, 2nd, 3rd, &c.~~) 7

1. Sex, (state whether male or female) 7
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan 15, 1882
 4. Place of Birth, (Street and Number) 434 E. Lazen St
 5. Full Name of Mother, Mary V. Bayly
 6. Mother's Maiden Name, Howard
 7. Mother's Birthplace, Washington D.C.
 8. Full Name of Father, Chas. B. Bayly
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Washington, D.C.
- Name of Medical Attendant, or other Person who makes this Return H. J. White, M.D.
- Address, 3747 N. Broadway
- Remarks,

"That any physician, accouchement, midwife, or other person in charge, who, at the birth, assist or advise at the birth, or who, within the City of Baltimore, shall report to the Registrar of Births, the birth of a child, shall state distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 102121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male* *Charles E. Smith*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 23*

4. Place of Birth, (Street and Number) *Hall St No 355*

5. Full Name of Mother, *Ellis Smith*

6. Mother's Maiden Name, *Ellis Lederer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Smith*

9. Father's Occupation, *Molder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs E. Luman*
or other Person who makes this Return

Address, *No 54 Frederick av*

Remarks, _____

That any physician, midwife, or other person in charge who shall attend, assist, or deliver any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

CORRECTED BY Employment Record
SEE DOCUMENT FILE NO. 102121
DATE 1/6/43 Model
CLERK

Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of a child, within the City of Baltimore, shall file a return to the Registrar of Births, within six days thereafter, giving distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 102122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July. 25. 1882

4. Place of Birth, (Street and Number) 329 E. Chase St.

5. Full Name of Mother, Ether E. Meginnis

6. Mother's Maiden Name, " " Register

7. Mother's Birthplace, Prince George's Co. Md.

8. Full Name of Father, William Meginnis

9. Father's Occupation, Kent Co. Md.

10. Father's Birthplace, Salesman

Name of Medical Attendant, or other Person who makes this Return Gen. A. Hartman M.D.

Address *305 1/2 Caroline St.

Remarks

MAY 20 1882
BALTIMORE, MD.

RETURN OF A BIRTH 102123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25, 1882

4. Place of Birth, (Street and Number) * 94 N. Stricker St.

5. Full Name of Mother, Annie Long

6. Mother's Maiden Name, " Davis

7. Mother's Birthplace, Somerset Co. Md.

8. Full Name of Father, William R. Long

9. Father's Occupation, Salesman

10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return Geo. A. Hartman M.D.

Address, * 305 N. Caroline St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

RETURN OF A BIRTH.

102121

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Jan 20 1891

4. Place of Birth (Street and Number)

401 E. 7th Baltimore

5. Full Name of Mother

Esther Ann Jones

6. Mother's Maiden Name

Esther Ann Williams

7. Mother's Birthplace

Eastern Shore Md

8. Full Name of Father

Jones

9. Father's Occupation

General Occupation Labourer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other person who makes this return.

Address

Residence

No 132 York St
Baltimore

That any physician, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

(Date of Birth)

(Name of Child)

(Sex)

(Race or Color)

(Date of Birth)

(Place of Birth)

(Name of Mother)

(Maiden Name)

(Birthplace)

(Name of Father)

(Occupation)

(Birthplace)

(Name of Medical Attendant)

(Address)

(Remarks)

RETURN OF A BIRTH L02125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 20 1982

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st of 2

1. Sex, (state whether male or female) 2 females (Twins)

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29, 1882

4. Place of Birth, (Street and Number) 258 E. Madison St.

5. Full Name of Mother, Kate E. Bromwell

6. Mother's Maiden Name, " " Cooke

7. Mother's Birthplace, New York City, New York

8. Full Name of Father, Samuel Bromwell

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Geo. A. Hartman M.D.

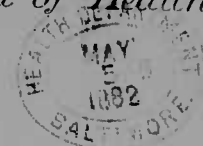
Address, 305 N. Carroll St.

Remarks, _____

Report any presentation, accompanying, mother, or child, in charge, who shall attend, assist or deliver, within six days after the date of birth, to the Registrar of Vital Statistics, Baltimore City, and color of the child or children of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH **L02126**

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *1st of January 1882*
4. Place of Birth, (Street and Number) *155 Wm St Baltimore Md*
5. Full Name of Mother, *Sarah Jackson*
6. Mother's Maiden Name, *Sarah Robinson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Andrew Jackson*
9. Father's Occupation, *Day Laborer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, *Henry B. Jones* or other Person who makes this Return.
- Address, *117 N. Scott St*
- Remarks,

RETURN OF A BIRTH L02127

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

When any physician, midwife, or other person in charge, who shall attend, assist, or deliver the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 29 1882*
4. Place of Birth (Street and Number) *Milton + Sanderson*
5. Full Name of Mother *Amie Linnvald*
6. Mother's Maiden Name *Amie Kiser*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Harry Linnvald*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *Dr. S. Lillis M.D.*
Address *170 N. Eutaw*
Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Give any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness the birth of any child, within the City of Baltimore, a report to the Registrar of Births, within six months after the birth of such child, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH L02129

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *White*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb. 1, 1882*
 4. Place of Birth, (Street and Number) *16 Hoffman St near Washington*
 5. Full Name of Mother, *Matilda W. Baker*
 6. Mother's Maiden Name, *" Montgomery*
 7. Mother's Birthplace, *Phila Pa*
 8. Full Name of Father, *Benjamin Baker*
 9. Father's Occupation, *Publisher*
 10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *W. H. White M.D.*
- Address, *247 N Broadway*
- Remarks,

RETURN OF A BIRTH **LC2130**

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 3. 1882*

4. Place of Birth, (Street and Number) *199 Ewer St.*

5. Full Name of Mother, *Bernadina Müller*

6. Mother's Maiden Name, *Schaeffer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John G. Müller*

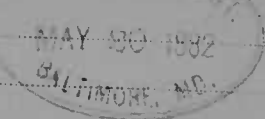
9. Father's Occupation, *Merchant Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sec. A. Hartman M.D.*

Address, *305 W. Caroline St.*

Remarks,



"That any physician, nurse, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

102131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Feby 8th 82*
4. Place of Birth (Street and Number) *St. Cr. Saratoga Poppⁿ*
5. Full Name of Mother *Mary Wiegand*
6. Mother's Maiden Name *Newell*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Chas. Wiegand*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*
- Address *39 N. Carey St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH L02132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Feb 4, 1882

E. Eager St. 460

Annie J. C. Kirk

" " Hunter

Balt City -

Robert Kirk

Bell Hanger

Balto -

W. H. White M.D.

367 N Broadway

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, ..

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Feb 6, 1882

Ch. Bond Ex 304

Sarah L. Knowles

4 " Lovett on

10

Albert Knowles

Salesman

Ballo.

White, J. M.

347 N Broadway

"Every new physician, nurse-midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

RETURN OF A BIRTH 102134

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

person in charge, who shall attend, or
person to the registrar aforesaid,
shall report to the registrar aforesaid,
sex, and color of the child or children
born, its or their physical condition,
whether still-born or not, the full name,
nativity, and residence
of the mother of such child or children.

RETURN OF A BIRTH

RETURN OF A BIRTH. L02135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
- 1. Sex (state whether Male or Female) Female
- 2. Race or Color (if not of the white race) White
- 3. Date of Birth July 9 / 82
- 4. Place of Birth (Street and Number) 218 N. Carey St.
- 5. Full Name of Mother Emilie Buchholz
- 6. Mother's Maiden Name " Wattenschiedt
- 7. Mother's Birthplace Germany
- 8. Full Name of Father H. Buchholz
- 9. Father's Occupation Commission Merchant
- 10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Thomas O'Neil M.D.
- Address 39 N. Carey St.
- Remarks

RETURN OF A BIRTH. L02136

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth *February 10, 1892*

4. Place of Birth (Street and Number) *69 Charles St. Ave*

5. Full Name of Mother *Mary Lewis*

6. Mother's Maiden Name *Mary Stillman*

7. Mother's Birthplace *Philadelphia, Pa*

8. Full Name of Father *John Lewis*

9. Father's Occupation *Bill & Stock Broker*

10. Father's Birthplace *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return. *W. T. Hays*

Address *181 Madison Ave*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb'y 13th 1882

4. Place of Birth (Street and Number) 709 Baltimore St

5. Full Name of Mother Estelle Waltermeyer

6. Mother's Maiden Name " Gray

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Waltermeyer

9. Father's Occupation Moulder

10. Father's Birthplace Aun Amundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Thomas O'Brien MD

Address 39 N Carey St

Remarks

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

RETURN OF A BIRTH L02138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 14 1882

4. Place of Birth, (Street and Number) 181 N. Caroline St.

5. Full Name of Mother, Emily Louisa Biggs

6. Mother's Maiden Name, " " Gardner

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Jno. T. Biggs

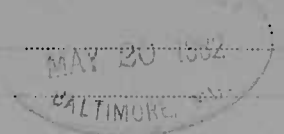
9. Father's Occupation, Balt. Md.

10. Father's Birthplace, Post Office Clerk

Name of Medical Attendant, or other Person who makes this Return Geo. A. Hartman M.D.

Address, 2305 N. Caroline St.

Remarks, _____



RETURN OF A BIRTH 102139

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

RETURN OF A BIRTH L02140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH L02141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

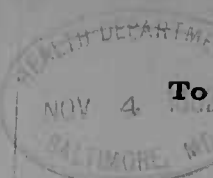
Remarks,

Physician and physician, assistant, midwife, or other person in charge, who shall attend, and of whom a birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 102142

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 6, 1882

4. Place of Birth, (Street and Number) 442 T. Gay St

5. Full Name of Mother, Lizzie T. Hall

6. Mother's Maiden Name, Rice

7. Mother's Birthplace, Balto City

8. Full Name of Father, Gray Hall

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return W. W. Rite, M.D.

Address, 367 N Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

BALTIMORE CITY.

RETURN OF A BIRTH L02143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 10, 1882

Eager Broadway

Georgie Rowe

Reay

Baltimore City

James Rowe

Salaman

va

Wm H. M. D.

347 N. Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

102144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV 4 1882
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 20, 1882

4. Place of Birth, (Street and Number) 271 E. Biddle St

5. Full Name of Mother, Mattie Marten

6. Mother's Maiden Name, " Lang

7. Mother's Birthplace, Balto

8. Full Name of Father, P. D. Marten Jr

9. Father's Occupation, Coal Dealer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, W. White M.D.

Address, 47 Broadway

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male 183/11

2. Race or Color, (if not of the white race) Male
over

4. Place of Birth, (Street and Number) 1810 E. 10th St. B. 10

5. Full Name of Mother, Charlotte

6. Mother's Maiden Name, Charlesa Gregory

7. Mother's Birthplace, Jersey

8. Full Name of Father, Royal H. Gibson

9. Father's Occupation, factory

10. *Father's Birthplace,*.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,

Remarks,

Murphy & Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) Colored

3. Date of Birth, July 20th 1888

4. Place of Birth, (Street and Number) 433 E. Pennsylvania St.

5. Full Name of Mother, Louie Davis

6. Mother's Maiden Name,

7. Mother's Birthplace, Phila - Pa -

8. Full Name of Father, Charles Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, Phila - Pa -

Name of Medical Attendant, or other person who makes this Return, Hester Estance

Address, 508 Preston St.

Remarks,

W. C. MULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH L02147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Helian Downs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

631.6

1. Sex (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth *July 25th, 1888*
4. Place of Birth (Street and Number) *26 Dorsey Lane*
5. Full Name of Mother *Ida M. Douns*
6. Mother's Maiden Name *Ida M. S. Evans*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *James H. Douns Jr.*
9. Father's Occupation *Paper Hanger*
10. Father's Birthplace *Liverpool England*

Name of Medical Attendant,

or other person who makes this Return.

Address:

Remarks

And he it further enacted and ordained that every person who shall deliver a child in the City of Baltimore, shall be liable to the penalty of ten dollars for each offence, to be recovered as by law provided, and the said person shall be liable to the penalty of ten dollars for each offence, to be recovered as by law provided, and the said person shall be liable to the penalty of ten dollars for each offence, to be recovered as by law provided.

RETURN OF A BIRTH L02148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 6317*
Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *July 28th 1888*
4. Place of Birth, (Street and Number) *1412 Madison St*
5. Full Name of Mother, *Florence Johnston*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *John Edmund Johnston*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Virginia*
Name of Medical Attendant, or other person who makes this Return, *Hester Colman*
Address, *508 Madison Street*
Remarks,

~~NAME NAME ADDED 0 0 50~~

[illegible]

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH L02150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31.-1888

4. Place of Birth, (Street and Number)

819 N Howard St

5. Full Name of Mother,

Elizabeth W. Wingo

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Charles E. Wingo

9. Father's Occupation,

Dentist

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Cook

Address,

1816 E Pratt St

Remarks,



RETURN OF A BIRTH L02151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lavinia Elizabeth Jaeger
No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511st, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611st, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 26 1238

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)...*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Name of Merchant, Johnston, make this return.

Address, 252 26 inky Ave

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female).

3. *Date of Birth,*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William C. McIntosh, M.D.
1674 Vermont Ave.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 10. The Board of Health further enacted and ordained that every person practicing as a physician or practitioner in the City of Baltimore, and every person who has charge or superintendence of a birth or a child, shall be and he is hereby required to keep a true and correct register of such birth, and shall retain a list of the births which have taken place in his office or place of business during the year ending on the first day of January next following the date of the birth of each child, (if any shall be born in his office or place of business) and shall file the same with the Board of Health. This section shall not apply to any child born in the City of Baltimore, the date and place of whose birth have been conferred its sex, color, the full name by the practitioner in the form of a certificate, and the date of birth of such child, shall be entered in said schedule shall be delivered month to the office of the Commissioner of Health, in the manner and within the time herein required, and the said certificate shall be retained in the office of the Commissioner of Health, in the manner and within the time herein required, and any child to report its birth to the mother, immediately after its birth, and the certificate of its birth shall be submitted to the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than one hundred dollars for each offence, so to be recovered as the Board of Health and the Board of Police may deem proper, and the costs of such proceedings shall be paid by the offender.

L02153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)..... *colored*

3. Date of Birth.....

4. Place of Birth, (Street and Number) 2422 E. 1st St. S. S. C.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, D. Baltimore

8. Full Name of Father, Bernard J. [illegible]

9. Father's Occupation.....

10. *Father's Birthplace.* China

Name of Medical Attendant, or other Person who makes this Return.

Address.....

Remarks.....

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH L02154 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 6311

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 12th

4. Place of Birth, (Street and Number) 22 Dorsey Lane

5. Full Name of Mother, Annalia Gumpmann

6. Mother's Maiden Name, Annalia Miller

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, George J Gumpmann

9. Father's Occupation, Bristle brush Maker supply

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Wickes

Address, Corall post office Baltimore City Md

Remarks, _____

Section 7.—And he it further enacted, that every person practicing medicine in the City of Baltimore, under whose charge or supervision a birth occurs, shall be bound to keep a true and correct register of the same, and to file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth occurs. This schedule shall contain a list of the births which have occurred in the City of Baltimore, during the month, and shall set forth as the full name and occupation of its parents, the date and place of birth, and the sex of each child, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, on or before the first day of each and every month to the office of the Registrar of Vital Statistics, in the manner and within the period above required. If any person or persons who shall become the duty of the person or persons of such attendance upon a birth to the Commissioner of Health, in the manner and within the period above required, shall fail to comply with the provisions of this section, he or she shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female)

3. *Date of Birth,*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*...

10. *Father's Birthplace,*.....

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

male
Colonel
July 16th 1888
1207 Foster Alley
Kate Thompson
Kate Garrett
Bella, mch
Joshua Thompson
Frank Decker
Bella mch
Hester Colanese
509 Preston st

[illegible]

Section 7. - And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct record of the births occurring in the City, and to file the same with the Registrar of Vital Statistics, in the City of Baltimore, on or before the first day of each month, and shall set forth as follows: the name and occupation of the parents, the date and place of birth; and the name of the midwife, and the name of the physician or practitioner of midwifery, if any, who attended the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *July 19th 1888*
4. Place of Birth, (Street and Number) *508 Madison St*
5. Full Name of Mother, *Lucenia Upshure*
6. Mother's Maiden Name, *Lucenia Wilson*
7. Mother's Birthplace, *Prince Ann Co. Md*
8. Full Name of Father, *Henry Upshure*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return, *Harri Colence*
- Address, *508 Madison St*
- Remarks,



Extract Regulations of the Health Department to secure a full and correct record of vital Statistics in the City of Baltimore.

Record of Visits and Deaths.—And he further enacts, that every person practicing midwifery in the City of New York, shall be and he is hereby required to keep a true and correct record of all the births and deaths which shall occur during the year in which he or she shall be practicing midwifery, and to file the same with the Commissioner of Health, at the office of the Commissioner of Health, at the City Hall, in New York, at or before the first day of January following the year in which he or she shall have practiced midwifery. This section shall be subject to the provisions of the City Charter relating to the filing of records.

RETURN OF A BIRTH L02157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2a

1. Sex, (State whether male or female)

The male

2. Race or color, (if not of the white race)

Colored

3. *Date of Birth,*

July 31st 1888

4. *Place of Birth, (Street and Number)*

575- Paxton St. A 5516

5. *Full Name of Mother*

Grecinda Emory

6. *Mother's Maiden Name*

Encina Holly

7. *Mother's Birthplace,*

Валю мес.

8. *Full Name of Father*

James Emerson

9. *Father's Occupation*

Labours.

10. *Father's Birthplace,*

Bello me!

Name of Medical Attendant, or other person who makes this Return.

Hester Coleridge

Address.

608. *Reuteri n.*

Remarks,

Volume: 9
Page: 106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-2158

| | | | |
|--|--------------------------------------|--|----------------------------|
| 1. PLACE OF BIRTH: Baltimore, Maryland | | 2. USUAL RESIDENCE OF MOTHER: | |
| (a) Name of hospital or institution; if at home give street number: | | (a) State <u>Maryland</u> (b) County | |
| (b) Mother's stay before delivery: | | (c) City or town <u>Baltimore</u>
(If outside city or town limits, write RURAL) | |
| In hospital or institution <u>In Baltimore</u>
(Specify whether months or days) | | (d) Street No. <u>1007 Broadway</u>
(If rural give location) | |
| 3. Full name of child | | 4. Date of birth <u>April 1, 1888</u>
(Month) (Day) (Year) | |
| 5. Sex <u>Female</u> | 6. Twin or triplet <u>2d. or 3rd</u> | 7. Number weeks of pregnancy | 8. Hour of birth <u>M.</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 9. Full Name <u>Louis L. Barranger</u> | | 15. Full Maiden Name <u>Lanie Yochal</u> | |
| 10. Color or race <u>White</u> | | 16. Color or race <u>White</u> | |
| 11. Age at time of this birth <u>yr.</u> | | 17. Age at time of this birth <u>yr.</u> | |
| 12. Birthplace <u>Maryland</u>
(City, town, or county) (State or foreign country) | | 18. Birthplace <u>Maryland</u>
(City, town, or county) (State or foreign country) | |
| 13. Usual occupation | | 19. Usual occupation | |
| 14. Industry or business | | 20. Industry or business | |
| 21. Other children born to mother (not including present child): | | 22. Mother's mailing address for registration notices: | |
| (a) How many other children of this mother are now living? | | <u>1007 Broadway</u> | |
| (b) How many other children were born alive but are now dead? | | | |
| (c) How many children were born dead? | | | |
| 23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by..... related to this child as..... | | | |
| 24. Date rec'd by local registrar <u>April 18, 1888</u> | | (Signed) <u>Mary Walter</u> M.D.
Physician (or midwife) who attended this birth | |
| 25. Signed <u>Dr. James A. Stewart</u>
Registrar | | or <u>Robert E. Stewart</u>
Commissioner of Health and Registrar | |
| 26. Given name added..... by Registrar per | | Address..... <u>January 19, 1971</u>
Date | |

VS 100 No information appears on the original filing for information not appearing on this certificate.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female) male 13/9

1. Sex, (State whether male or female) male 13/9

2. Race or color, (if not of the white race) Colored

3. Date of Birth, 31. July 1694 Little Pine Ab

4. Place of Birth, (Street and Number) No 904 Little Pine St

5. Full Name of Mother, *Louisa Jones*

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Harford, Co

8. Full Name of Father, C. Leonard

9. *Father's Occupation, Labor.*

10. Father's Birthplace, Bath Co

Name of Medical Attendant, or other person who makes this return. S. S. Clear

Address, No 7008 Shields Alley

Remarks,

L-02158/2

A. 46

1. Sex, *Male* No. of Child of Mother, *6*

2. Race or Color, *W*

3. Date, *Feb 28*

4. Place of Birth, *747 Mc. Henry St*

5. Full Name of Mother, *Maggie Murphy*

6. Mother's Maiden Name, *" Hunt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Murphy*

9. Father's Occupation, *Lieutenant*

10. Father's Birthplace, *Ireland*

Mrs. M. Warrigan

412 Scott St

RETURN OF A BIRTH *L02159*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

Date of Birth, Sept. 16th 1873

Place of Birth, (Street and Number) 23 Dolfine St.

Full Name of Mother, Elizabeth E. Bell

6. *Mother's Maiden Name,* " " Watkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew J. Bell

9. *Father's Occupation,* *Stair Builder*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louis E. Horn, M.D.

Address, Strawberry & Myrtle av

Remarks

SECTION 7.—And be it further enacted and certified that every practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall not be required to be filled out until the birth has occurred within the month, and shall set forth as far as the same can be ascertained, the date when the birth has been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date when it shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day after the birth of the child, and to be forwarded to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, and in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, and the said midwife or should no other person be in attendance upon the child, to report its birth to the Commissioner of Health in the manner and form above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense. And as recovered as other fines and forfeitures are, shall be subject to the fine of ten (10) dollars for each offense.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence there shall be any child born, shall, within one month after such birth, and shall enter the same on a blank schedule, to be provided for that purpose, and shall set forth and record therein the date, hour, day, month, year, sex, color, the full name and occupation of its father, the name of its mother, and the name of the practitioner of midwifery, or physician, or practitioner of medicine, or other person, in whose attendance upon the mother immediately after the birth of the child, the child was born, and the name of the child, and the name of the person who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines in Baltimore are recoverable.

RETURN OF A BIRTH LO2460
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 7th 1881.

4. Place of Birth, (Street and Number) 16 Colting Str

5. Full Name of Mother, Elizabeth E Bell

6. Mother's Maiden Name, " " Watkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, S Andrew J. Bell

9. Father's Occupation, Stair Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louis C. Horn M.D.

Address, Mulberry & Myrtle av

Remarks, _____

SECTION 5. And be it further enacted and ordained that every person who shall deliver a child in the City of Baltimore, shall be liable to the penalties hereinafter provided, unless he or she shall have first procured a full and correct Record of Vital Statistics in the City of Baltimore. And be it further enacted and ordained that every person who shall deliver a child in the City of Baltimore, shall be liable to the penalties hereinafter provided, unless he or she shall have first procured a full and correct Record of Vital Statistics in the City of Baltimore. And be it further enacted and ordained that every person who shall deliver a child in the City of Baltimore, shall be liable to the penalties hereinafter provided, unless he or she shall have first procured a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

- 1. Sex, (state whether male or female)
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth, Dec. 4/97
- 4. Place of Birth, (Street and Number) 1116 Cornet St.
- 5. Full Name of Mother, Elizabeth E. J. Cassidy
- 6. Mother's Maiden Name, Spencer
- 7. Mother's Birthplace, Bello
- 8. Full Name of Father, John J. Cassidy
- 9. Father's Occupation, Barrage Master
- 10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Adonias P. D. Miller
- Address, 208 Carey Ave. St.
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02162

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1 Child
1. Sex (state whether Male or Female)... Male
2. Race or Color (if not of the white race)... Colored
3. Date of Birth... 11 Dec 1897
4. Place of Birth (Street and Number)... 10 N. Spring St.
5. Full Name of Mother... L. J. Davis
6. Mother's Maiden Name... ...
7. Mother's Birthplace... ...
8. Full Name of Father... ...
9. Father's Occupation... ...
10. Father's Birthplace... ...
Name of Medical Attendant, or other Person who makes this Return... Dr. J. H. ...
Address... 10 N. Spring St.
Remarks... ...

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02163

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex (state whether Male or Female).....

2. Race or Color (if not of the white race).....

3. Date of Birth.....

4. Place of Birth (Street and Number).....

5. Full Name of Mother.....

6. Mother's Maiden Name.....

7. Mother's Birthplace.....

8. Full Name of Father.....

9. Father's Occupation.....

10. Father's Birthplace.....

Name of Medical Attendant, or other Person who makes this Return..

Address.....

Remarks.....

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02164

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *child was born Dec 12 1877*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *color race*
3. Date of Birth *4 9 of December*
4. Place of Birth (Street and Number) *was born in Hill St. No. 40*
5. Full Name of Mother *Beatrice Noels*
6. Mother's Maiden Name *Usebeth Gifford*
7. Mother's Birthplace *Mother's birthplace at Maryland*
8. Full Name of Father *Abraham Sawyer*
9. Father's Occupation *father he do work on the ship*
10. Father's Birthplace *at Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Gifford*
- Address *212 High St. S Baltimore Md*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02165

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1901*
4. Place of Birth (Street and Number) *1401 1/2 E. 1st St.*
5. Full Name of Mother *Martha J. Smith*
6. Mother's Maiden Name *Martha J. Smith*
7. Mother's Birthplace *London, England*
8. Full Name of Father *John J. Smith*
9. Father's Occupation *Police*
10. Father's Birthplace *London, England*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. J. Smith*
- Address *74 E. 1st St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22 September 1899
4. Place of Birth (Street and Number) Jefferson St. No. 211
5. Full Name of Mother Marian D. Bailey
6. Mother's Maiden Name Deane
7. Mother's Birthplace Delaware
8. Full Name of Father Joseph D. Bailey
9. Father's Occupation Engineer
10. Father's Birthplace England
Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. Smith
Address 1100 N. E. St.
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102167

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22. December 1877*
4. Place of Birth (Street and Number) *22. S. E. 1st St. No. 124*
5. Full Name of Mother *Johna. M. L. L.*
6. Mother's Maiden Name *Leah*
7. Mother's Birthplace *Leah's Birthplace*
8. Full Name of Father *William C. Smith*
9. Father's Occupation *Physician*
10. Father's Birthplace *England*
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. C. Smith*
Address *100. S. E. 1st St.*
Remarks *Miss Louise Knight*

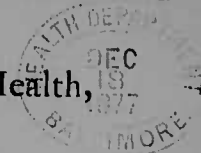
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10 September*
4. Place of Birth (Street and Number) *249 Mulberry St. 4*
5. Full Name of Mother *Miss Mary Ann*
6. Mother's Maiden Name *Miss King*
7. Mother's Birthplace *England*
8. Full Name of Father *James H. King*
9. Father's Occupation *Signaller*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. H. King*
- Address *74 S. E. 1st St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02169

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 2d 1878*
4. Place of Birth (Street and Number) *12th St 278*
5. Full Name of Mother *Katie Rice*
6. Mother's Maiden Name *Katie Malone*
7. Mother's Birthplace *Wash D.C.*
8. Full Name of Father *James Malone*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Wash D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *James Malone*
- Address *12th St 278*
- Remarks *Baltimore Jan 2d 1878*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02170

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 24th November 1899

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth 24th November 1899

4. Place of Birth (Street and Number) 1118 S. 1st St. No. 185.

5. Full Name of Mother William Louise

6. Mother's Maiden Name Mary Ann

7. Mother's Birthplace France 1844 Paris France

8. Full Name of Father George Washington

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. McHenry

Address 315 S. 1st St. Balt.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *"*

3. Date of Birth *20. January 1878*

4. Place of Birth (Street and Number) *Block 1st St*

5. Full Name of Mother *Ruthanne Sprague*

6. Mother's Maiden Name *Ruthanne*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Sprague*

9. Father's Occupation *Carriage*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louise Kraft*

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02172

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02173

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 Nov 1899
4. Place of Birth (Street and Number) 1111 N. 1st St.
5. Full Name of Mother Josephine M. Smith
6. Mother's Maiden Name Smith
7. Mother's Birthplace Germany
8. Full Name of Father John M. Smith
9. Father's Occupation Engineer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Miss Louis C. Smith
- Address 1111 N. 1st St.
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 24 1877*

4. Place of Birth (Street and Number) *Baltimore, Md. 14th St. No. 12*

5. Full Name of Mother *Mrs. Mary Ann*

6. Mother's Maiden Name *Smith*

7. Mother's Birthplace *Smith*

8. Full Name of Father *John Smith*

9. Father's Occupation *Dr. H. H. H.*

10. Father's Birthplace *Smith*

Name of Medical Attendant, or other Person who makes this Return, *H. H. H.*

Address *H. H. H.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 20 1877

4. Place of Birth (Street and Number) 10 St. St.

5. Full Name of Mother Mrs. J. M. M. M.

6. Mother's Maiden Name Mrs. M. M. M.

7. Mother's Birthplace Baltimore

8. Full Name of Father J. M. M.

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Dr. J. M. M.

Address 10 St. St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02176

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1 Child
1. Sex (state whether Male or Female)... Male
2. Race or Color (if not of the white race)...
3. Date of Birth... Dec 1 1897
4. Place of Birth (Street and Number)... 212 ...
5. Full Name of Mother... Mary Hall
6. Mother's Maiden Name... ...
7. Mother's Birthplace... Baltimore
8. Full Name of Father... Henry Hall
9. Father's Occupation... ...
10. Father's Birthplace... Baltimore
- Name of Medical Attendant, or other Person who makes this Return... ...
- Address... ...
- Remarks... ...

L02177

DEC 10 1877

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)* 549 11th St. N.

5. Full Name of Mother.....Anna Elizabeth

6. *Mother's Maiden Name*

7. Mother's Birthplace

8. Full Name of Father James A. ...

9. *Father's Occupation*.....clerk

10. *Father's Birthplace* 14 21 1/2

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

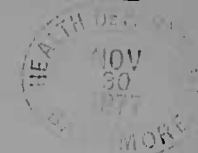
WM. J. C. D'LANE & CO. CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

L02178

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st, Right son*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Child - November 21, 1877*
3. Date of Birth *Nov 21, 1877*
4. Place of Birth (Street and Number) *Madison Avenue, No 54*
5. Full Name of Mother *Birth Place - Md*
6. Mother's Maiden Name *Katherine Leonard Right son*
7. Mother's Birthplace *Occupation - Doctor*
8. Full Name of Father *Birth Place - Petersburg, Virginia*
9. Father's Occupation *medical attention*
10. Father's Birthplace *Mrs. Alice Chapman*
- Name of Medical Attendant, or other Person who makes this Return. *Calvert*
- Address
- Remarks

L02179

th, HEALTH DEPARTMENT
NOV
23
1877
BALTIMORE.

Remarks ...

Extract Requisitions of the Bureau of Health to Secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02180



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 15 November

4. Place of Birth (Street and Number) 24 Oxford

5. Full Name of Mother Ellen Jones

6. Mother's Maiden Name Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father John

9. Father's Occupation Teacher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary S. Jones

Address

Baltimore

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102181

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 11 1877
4. Place of Birth (Street and Number) Baltimore City
5. Full Name of Mother Sophia Stier
6. Mother's Maiden Name Buller
7. Mother's Birthplace Baltimore
8. Full Name of Father Scott Stier
9. Father's Occupation Conductor
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return Dr. B. M. Stier
Address No. 122 North St.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02182

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d of 1877

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 29

4. Place of Birth (Street and Number) No. 30. Stiles street

5. Full Name of Mother Margaret Wells

6. Mother's Maiden Name Eliza Biggs

7. Mother's Birthplace America

8. Full Name of Father James Wells

9. Father's Occupation labor

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Elisebeth Allen

Address No. 7 Thomas street

Remarks healthy

RETURN OF A BIRTH.

L02183

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 *children*

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Hispanic

3. Date of Birth *Aug 26 Irish 1897*

4. Place of Birth (Street and Number) 65 Michaelson's Lane

5. Full Name of Mother *Melvin H. Hines*

6. Mother's Maiden Name *Ma. E. Smith*

7 Mother's Birthplace *in England*

7. Model's Disposition *in* *unperfected*

8. Full Name of Author *se. 2* *1* *17*

8. Full Name of Father *Hubert H. Hume*

9. Father's Occupation.. *Engineering*

10. Father's Birthplace... no migration
no migration

Name of Medical Attendant, or other Person who makes this Return, *J. H. Wood*

Address *No 14 Zumbro Blvd.*

Remarks _____

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02184

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102185

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *7 November*

4. Place of Birth (Street and Number) *76 Harrison st*

5. Full Name of Mother *Marion Ford*

6. Mother's Maiden Name *Crane*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Ford*

9. Father's Occupation *carriage maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Marion Ford is the mother
of the child

Extract Regulations of the Board of Health to be seen by the Registrar in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02186



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *7 November*

4. Place of Birth (Street and Number) *45 E. 3rd St*

5. Full Name of Mother *Anna Jones*

6. Mother's Maiden Name *Smith*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Jones*

9. Father's Occupation *mechanic*

10. Father's Birthplace *Barren Hill Pa*

Name of Medical Attendant, or other Person who makes this return *Wm. M. M.*

Address

Remarks *45 E. 3rd St*

Not record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02187

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102188



To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3 November 1877
4. Place of Birth (Street and Number) East Thilowing
5. Full Name of Mother Ann Newkirk
6. Mother's Maiden Name Ann Hodgins
7. Mother's Birthplace Dorchester County
8. Full Name of Father Marion Newkirk
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mass & Tracy
- Address 193 W. Chester St
- Remarks Healthy

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02189

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

the 19th June 1879

4. Place of Birth (Street and Number)

prophet road

5. Full Name of Mother

Mrs. E. Harrison

6. Mother's Maiden Name

Mary E. Harrison

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Harrison

9. Father's Occupation

carriage maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Harrison

Address

100 N. E. Street

Remarks

Normal birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102190

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 1
1. Sex (state whether Male or Female)..... female
2. Race or Color (if not of the white race)..... yellow
3. Date of Birth..... 31 May 1877
4. Place of Birth (Street and Number)..... No 3 Second Street
5. Full Name of Mother..... ~~Walter~~ Walter, Kate
6. Mother's Maiden Name.....
7. Mother's Birthplace..... Baltimore City
8. Full Name of Father.....
9. Father's Occupation.....
10. Father's Birthplace.....
- Name of Medical Attendant, or other Person who makes this Return..... Dr. J. H. Miller
- Address..... No 70 Second Street
- Remarks.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102191

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex (state whether Male or Female)...

2. Race or Color (if not of the white race)...

3. Date of Birth...

May 30th 1877

4. Place of Birth (Street and Number)...

26 Constitution St
Carr

5. Full Name of Mother...

6. Mother's Maiden Name...

7. Mother's Birthplace...

8. Full Name of Father...

Carr

9. Father's Occupation...

10. Father's Birthplace...

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Winneberger

Address

23 N Liberty St.

Remarks

Mr Carr refuses to give any information whatever, as to names birthplaces or occupation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02192

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *the 14 of June 1877*
4. Place of Birth (Street and Number) *No 108 Sunnyside Hill*
5. Full Name of Mother *Marion Wynn*
6. Mother's Maiden Name *Marion Wynn*
7. Mother's Birthplace *in Baltimore*
8. Full Name of Father *Samuel Wynn*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Irish*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Wilson*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102193

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 10 1897
4. Place of Birth (Street and Number) 74 North of 1st St. Baltimore
5. Full Name of Mother Perfection Smith
6. Mother's Maiden Name Perfection Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Smith
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return Dr. J. M. Smith
Address 74 North of 1st St. Baltimore
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102194

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 26 Jan'y 1899*
4. Place of Birth (Street and Number) *66 Duval Street*
5. Full Name of Mother *Maria Linn*
6. Mother's Maiden Name *Maria Linn*
7. Mother's Birthplace *in England*
8. Full Name of Father *John Linn*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *in England*
- Name of Medical Attendant, or other Person who makes this Return. *Edmund Thompson Esq.*
- Address *No 14 Jan'y St.*
- Remarks *No 14 Jan'y St.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L62195

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *23*
4. Place of Birth (Street and Number) *Baltimore*
5. Full Name of Mother *Cross Street 315*
6. Mother's Maiden Name *Wilson*
7. Mother's Birthplace *She was born in Baltimore*
8. Full Name of Father *Mass*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Angelina Wilson*
- Address
- Remarks *Cross St*

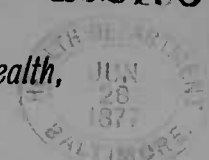
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth June 23

4. Place of Birth (Street and Number) 1010 N. Hollenbeck St

5. Full Name of Mother John H. Sewell

6. Mother's Maiden Name John Bacon

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas Sewell

9. Father's Occupation Carriage Driver

10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other person who made this return. John H. Sewell

Address 1010 N. Hollenbeck St

Remarks Infant born

RETURN OF A BIRTH

Andam to record, statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

102197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Infant is a female*
2. Race or Color (if not of the white race) *it is of the white race*
3. Date of Birth *June 22*
4. Place of Birth (Street and Number) *She lives on Harrison*
5. Full Name of Mother *She was born in Baltimore*
6. Mother's Maiden Name *she is about 10 years old*
7. Mother's Birthplace *is James Scott*
8. Full Name of Father
9. Father's Occupation *he works in brick yard*
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Lane*
Address *W. 11 St.*
Remarks *Adm. 31 343*

SECTION 10. And be it enacted, That the Registrar of Births and Deaths, to be appointed by the Commission of the General Assembly, shall enter the name of each child, its sex, color, the date and place of its birth, and the name of its mother, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the case of a child born within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7 102198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 4th. 1884.

4. Place of Birth, (Street and Number)

394 E. Monument St.

5. Full Name of Mother,

Angeline Fry

6. Mother's Maiden Name,

Angeline Given

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Albert G. Fry

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

J. Thomas, M.D.

Address,

85 E. Baltimore St.

Remarks,

L02199

RETURN OF A BIRTH 66697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2nd, 3rd, etc.~~)1. Sex, (~~state whether male or female~~)2. Race or Color, (~~if not of the white race~~)3. Date of Birth, July 17 54. Place of Birth, (Street and Number) 126 N. 14th St.5. Full Name of Mother, Dora Strimberg6. Mother's Maiden Name, W. S. S.7. Mother's Birthplace, Balta8. Full Name of Father, Unknown9. Father's Occupation, —10. Father's Birthplace, —Name of Medical Attendant, or other person who makes this Return, Mrs. J. H. H. H.Address, 23 N. Preston St.Remarks, —

[illegible]

RECEIVED NAME ADDED 11-27-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Raymond Hutson
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 3rd 1889

4. Place of Birth, (Street and Number) 2425-~~12~~ - 12 HL


5. Full Name of Mother, Sallie E. H. Lee

6. *Mother's Maiden Name,* Henry

7. *Mother's Birthplace,*..... *Pa*

8. Full Name of Father, John D. McLean

9. Father's Occupation, *mechanic*

10. *Father's Birthplace.* 

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. O. DULAN & CO, CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. L02201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d —
1. Sex (state whether Male or Female) Female —
2. Race or Color (if not of the white race) White
3. Date of Birth March 5th
4. Place of Birth (Street and Number) 55-6 Franklin st
5. Full Name of Mother Jane P. Sewell
6. Mother's Maiden Name Peters
7. Mother's Birthplace Baltimore C
8. Full Name of Father J. Thomas Sewell
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore C
Name of Medical Attendant, or other Person who makes this Return. J. Harry Lee M.D.
Address 119 E. Camden Ave.
Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

16. Mar 1877

4. Place of Birth (Street and Number)

1st Ave. No. 224

5. Full Name of Mother

Anna F. F. F.

6. Mother's Maiden Name

Anna

7. Mother's Birthplace

Germany, Prussia

8. Full Name of Father

Frederick F. F.

9. Father's Occupation

Engineer

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs. Louise Kraft.

Remarks

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), white

3. Date of Birth, July 14th 1877

4. Place of Birth (Street and Number), S.W. cor. Bag & Caroline Str

5. Full Name of Mother, Emily W. Landin

6. Mother's Maiden Name, Emily W. Webb

7. Mother's Birthplace, Mad.

8. Full Name of Father, V. N. Landin

9. Father's Occupation, Naval Officer

10. Father's Birthplace, Ysaco.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 213 roadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics is the City of Baltimore.

RETURN OF A BIRTH.

L02234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *firstborn*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *"*

3. Date of Birth *8. June 1888*

4. Place of Birth (Street and Number) *314*

5. Full Name of Mother *Mrs. Mary Ann B. B. B.*

6. Mother's Maiden Name *Johnston*

7. Mother's Birthplace *London*

8. Full Name of Father *Frederick B. B.*

9. Father's Occupation *Lawyer*

10. Father's Birthplace *London*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louise Pratt*

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02205

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *It is a free white*
3. Date of Birth *the 15th day of June 1877*
4. Place of Birth (Street and Number) *3rd St No 8*
5. Full Name of Mother *A. D. St. No*
6. Mother's Maiden Name
7. Mother's Birthplace *She was born in Baltimore*
8. Full Name of Father *Dr. Chas. St. No*
9. Father's Occupation *He is a Dr. in Baltimore*
10. Father's Birthplace *Massachusetts*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. D. 1 393*
- Address *Curae St*
- Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 102206

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Brown skin*

3. Date of Birth *Thursday 19th July 1877.*

4. Place of Birth (Street and Number) *Bell St Baltimore Baltimore*

5. Full Name of Mother *Lidia Ann Thomas*

6. Mother's Maiden Name *Mrs Thomas*

7. Mother's Birthplace *Baltimore Maryland*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Dallas St. M. D.*

Address *77 1/2 7*

Remarks *Illic Ann Chapman*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first

Male

White

July 15 77

163 W Lombard St (Marionette)

Mary Price

Thomas Price M.D.
396 W. Fayette St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

L02208

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

4 Child
Male
White
2 July 1877
29
Camp Street
Murrells
Tanner
Murrells
Lefu
Baltimore
William Tanner
Catcher
Baltimore
Roth
William
No 90 Howard

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102209

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th son of 1st wife

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Dec 3 1880

4. Place of Birth (Street and Number) 37

5. Full Name of Mother Rose

6. Mother's Maiden Name Mount

7. Mother's Birthplace Baltimore

8. Full Name of Father Baltimore

9. Father's Occupation printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Wilson

Address Wilson Court St 393

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102210

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUL 11 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
White
July 11
427 York
Christina L. L. L.
L. L. L.
D. L. L.
C. L. L.
Refugee
D. L. L.
First Street
74 Lombard Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. L02211

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 3 Child
1. Sex (state whether Male or Female)..... Male
2. Race or Color (if not of the white race)..... Colored
3. Date of Birth..... July 1877
4. Place of Birth (Street and Number)..... 1111 Maple
5. Full Name of Mother..... Worthington
6. Mother's Maiden Name..... White
7. Mother's Birthplace..... Baltin Md
8. Full Name of Father.....
9. Father's Occupation.....
10. Father's Birthplace.....
Name of Medical Attendant, or other Person who makes this Return..... Dr. Wm. H. H. H.
Address..... No 70 Green St
Remarks..... Still born child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 25th Ann. D. 1877*
4. Place of Birth (Street and Number) *No 122 Franklin St*
5. Full Name of Mother *Julia Pintel*
6. Mother's Maiden Name *Julia Adams*
7. Mother's Birthplace *in Lockport, New York*
8. Full Name of Father *Joseph Pintel*
9. Father's Occupation *General*
10. Father's Birthplace *Baltimore, Maryland*
Name of Medical Attendant, or other Person who makes this return *Edmund Yarnsford Fitzgerald*
Address *No 14 Junior St*
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 7th 1899*

4. Place of Birth (Street and Number) *No 10 11 Greenwell St*

5. Full Name of Mother *Lizabeth Johnson*

6. Mother's Maiden Name *Lizabeth Rieff*

7. Mother's Birthplace *in Louisiana*

8. Full Name of Father *James Rieff*

9. Father's Occupation *Engineer*

10. Father's Birthplace *in Louisiana*

Name of Medical Attendant, or other Person who makes this return *William Grant Sigalman*

Address *No 11 Janin St*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6 *Primipara*

1. Sex (state whether Male or Female).....*Female*

2. Race or Color (if not of the white race).....*White*

3. Date of Birth.....*Dec 14 1877*

4. Place of Birth (Street and Number).....*Principis St. No. 14*

5. Full Name of Mother.....*Margaretta Goring*

6. Mother's Maiden Name.....*Margaretta Goring*

7. Mother's Birthplace.....*in Prussia*

8. Full Name of Father.....*Johnnie Goring*

9. Father's Occupation.....*Kabacher*

10. Father's Birthplace.....*Prussia*

Name of Medical Attendant, or other Person who makes this return.....*Hubert Goring*

Address.....*No 14 Junior St*

Remarks.....

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102215

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *Living*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 12 1899*
4. Place of Birth (Street and Number) *North St. No 30*
5. Full Name of Mother *Katharine Whiffel*
6. Mother's Maiden Name *Katharine M*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Whiffel Brown*
9. Father's Occupation *Polisher*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *William Gumpfer*
Address *No 14 Junior St*
Remarks *Legitimacy*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 7 1877*

4. Place of Birth (Street and Number) *127 N. 1st St. Baltimore*

5. Full Name of Mother *Isabel Lewis*

6. Mother's Maiden Name *Isabel*

7. Mother's Birthplace *England*

8. Full Name of Father *John Lewis*

9. Father's Occupation *Merchant*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this return *Isabel Lewis*

Address *127 N. 1st St. Baltimore*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

L02217



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 10 1877

4. Place of Birth (Street and Number) 254 3rd Street West

5. Full Name of Mother J. P. Jones

6. Mother's Maiden Name E. J. Jones

7. Mother's Birthplace East of House

8. Full Name of Father J. P. Jones

9. Father's Occupation Dr. J. P. Jones

10. Father's Birthplace East of House

Name of Medical Attendant, or other Person who makes this return J. P. Jones

Address 74 1st Street West

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 102218



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 1 23rd Sept 1877

4. Place of Birth (Street and Number) 193 2nd St. N. W.

5. Full Name of Mother Rebecca J. Smith

6. Mother's Maiden Name B. J. Smith

7. Mother's Birthplace D. C. H. 1877

8. Full Name of Father J. J. Smith

9. Father's Occupation Clerk

10. Father's Birthplace D. C. H. 1877

Name of Medical Attendant, or other Person who makes this return J. J. Smith

Address 193 2nd St. N. W.

Remarks

SECTION 7.—And he it further enacted and ordained in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, that the Registrar of Vital Statistics, Board of Health, shall cause to be entered in the same on blank schedule, to be furnished by the Commissioner of Health, the name of the child, the sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the name of the medical attendant, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the child is born, and the day of the month in which the child is born, shall occur without the attendance of a physician or practitioner, and the child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L02219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 16th 1881

4. Place of Birth, (Street and Number) 142 Lombard St

5. Full Name of Mother, Virginia E. Turtle

6. Mother's Maiden Name, Virginia E. Lewis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John William Turtle

9. Father's Occupation, Major General U.S.A.

10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Chas. W. L. E. H. H. H.

Address, 319 W. Lombard St

Remarks, _____

RETURN OF A BIRTH L02220

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

A 1619

1. Sex, (State whether male or female). male
2. Race or color, (if not of the white race)
3. Date of Birth, Sept 2nd 189.
4. Place of Birth, (Street and Number) Yorkroad Waverly,
5. Full Name of Mother, Alice S. Moore
6. Mother's Maiden Name, Alice S. Birch
7. Mother's Birthplace, Charles Co. Md.
8. Full Name of Father, W. H. Moore
9. Father's Occupation, Merchant
10. Father's Birthplace, Charles Co. Md.
Name of Medical Attendant, or other person who makes this Return, S. H. Ke
Address,
Remarks,

Section 17. And be it further enacted and ordained that every person who is a practitioner in the City of Baltimore, and who is licensed to practice medicine, shall be required to file with the Registrar of Births and Deaths, a list of the births which have occurred under his or her care during the month next preceding the month of January, and to be furnished by the Commissioner of Health, in the form of a certificate between the first and the last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall be required to file the certificate of birth with the Registrar of Births and Deaths, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Sept 17 189*

4. Place of Birth, (Street and Number) *Chestnut Hills Ave Waverly*

5. Full Name of Mother, *Mary Powder*

6. Mother's Maiden Name, *Mary Radcliffe*

7. Mother's Birthplace, *Salem N.J.*

8. Full Name of Father, *Charles Powder*

9. Father's Occupation, *Retired*

10. Father's Birthplace, *Wilmington Md.*

Name of Medical Attendant, or other person who makes this Return. *D.H. Reiche M.D.*

Address, _____

Remarks, _____

Record of Vital Statistics in the City of Baltimore.
Section 7. And it is further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a child is born, shall, within the month following the birth of such child, enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner or practitioners attending the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the midwife shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered after fines and forfeitures are recoverable.

RETURN OF A BIRTH L02222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *1st, April, 1889*
4. Place of Birth, (Street and Number) *915 - Barrish alley*
5. Full Name of Mother, *Kate Frazier*
6. Mother's Maiden Name, *Kate Jennings*
7. Mother's Birthplace, *Anne Arundel, Co, Md*
8. Full Name of Father, *Edward Frazier*
9. Father's Occupation, *Brick yard molder*
10. Father's Birthplace, *Anne Arundel Co Md*
Name of Medical Attendant, or other person who makes this Return, *Mary Rogers*
Address, *1121 Saratoga St*
Remarks,

Section 7. And be it further enacted, That the Registrar of Births and Deaths in the City of Baltimore, under whose charge or supervision the Registrar of Births and Deaths in the City of Baltimore is appointed, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if it shall have occurred, and shall also set forth the name of the physician or practitioner of medicine, or the name of the midwife, who attended upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each of such failure, to be recovered by the City of Baltimore.

RETURN OF A BIRTH L32222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child* **A** 11885

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *1st April, 1889*

4. Place of Birth, (Street and Number) *915 - Barrish alley*

5. Full Name of Mother, *Kate Frazer*

6. Mother's Maiden Name, *Kate Jennings*

7. Mother's Birthplace, *Andover, Co, Md*

8. Full Name of Father, *Edward Frazer*

9. Father's Occupation, *Brick yard worker*

10. Father's Birthplace, *Andover Co Md*

Name of Medical Attendant, or other person who makes this Return, *Mary Rogers*

Address, *118 Sardis St*

Remarks, _____

L02223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first child* **A** 11686

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)...*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And he further enacted and ordained that every citizen in the city of Baltimore under whose charge of supervision a birth shall take place, shall examine and certify the register of such birth, and the same shall contain a list of the births which have occurred under his charge during the month, and shall set forth as the same can be ascertained the full name of each child, whether that child have been conferred its sex-color, the full name of the mother, in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the city clerk, who shall thereupon cause the same to be recorded in the register, and shall pay to the clerk of the city, for each child so reported, the sum of ten dollars for each child, to be subtracted from the fine of ten dollars for each child, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH L02224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child 11687

1. Sex, (state whether male or female), male

2. Race or Color, (if not of the white race) colored

Date of Birth, 7 3 of April 1889

4. Place of Birth, (Street and Number) 173-4 Waseche St.

5. Full Name of Mother, Essie Shorter

6. Mother's Maiden Name, Ellen + + World

7. Mother's Birthplace, Chester town

8. Full Name of Father, William Henry Porter

9. Father's Occupation, Laboring U +

10. Father's Birthplace, Prince Edward County

Name of Medical Attendant, or other person who makes this Return, W. L. M. G. D. K. S. C.

Address, 389 Preston St.

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct Register of such birth, and shall enter the same on a blank sheet which has occurred under his or her care during the month of Health. And he or she shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to a physician or practitioner of midwifery. In case the birth of any child shall occur without the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of such offense, and shall be liable to recover damages therefor, and forfeit all fees recovered, excepted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DILLANY & CO., CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six Child* **A** 11688

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *Coloreds*

3. Date of Birth, *10 of April, '88*

4. Place of Birth, (Street and Number) *1329 Upton St*

5. Full Name of Mother, *Hattie Bush*

6. Mother's Maiden Name, *Hattie Hill*

7. Mother's Birthplace, *Peters Burg Va*

8. Full Name of Father, *James Bush*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Essex Co Va*

Name of Medical Attendant, or other person who makes this Return, *Mary E Jones*

Address, *1121 Sprague St*

Remarks,

RETURN OF A BIRTH L02226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child 11689

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3 Date of Birth. 17th April 1889

Place of Birth (Street and Number) 453-26 Mount Pleasant St.

7-11 Name of Mother *Mrs. J. M. [unclear]*

5. Full Name of Mother, Johnnie Mae

6. Mother's Maiden Name, Beltz

7. Mother's Birthplace, Buero, Ma

8. Full Name of Father, Charles J.

9. *Father's Occupation,* *B. Porter*

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Wester G. Arnold

Address *819 Preston*

Address, 507, 5th Ave
Room 3

Remarks,

SECTION 5.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the attributes of the child, to be ascertained by the practitioner, and shall be filled out by the practitioner, and shall be returned to the Commissioner of Health, within one month, and shall specify the name, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its residence. The full name and occupation of its parents, the date and place of birth, and the date and place of its residence shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be liable to a fine of five dollars for each offense, and the said fine shall be recoverable by the Commissioner of Health, and the said child and the said child's parents shall be liable to a fine of five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE
SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month, and shall set forth as far as the same can be ascertained the full name of each child, of any, had have been conferred, shall be delivered, shall be signed by the midwife or the physician or the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02227
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *fifth child* *11.6.90*

1. Sex, (state whether male or female)..... *female*

2. Race or color, (if not of the white race)..... *Colored*

3. Date of Birth,..... *April 17, 1888*

4. Place of Birth, (Street and Number)..... *Stoekun Alley Between*

5. Full Name of Mother,..... *Lizzie Clark* *Widow*

6. Mother's Maiden Name,..... *Lizzie Topping*

7. Mother's Birthplace,..... *Washington*

8. Full Name of Father,..... *Henry Topping*

9. Father's Occupation,..... *White Wooding*

10. Father's Birthplace,..... *Annapolis, Md*

Name of Medical Attendant, or other person who makes this Return,..... *Mary Le...*

Address,..... *1121 Star Street*

Remarks,.....

SECTION 7. And he it further enacted and ordained, that every person who shall be the father or mother of a child born in the City of Baltimore, shall, within the time specified in the preceding section, deliver to the Registrar of Births, a certificate of birth, in the form and to the effect following, to be filled up by the father or mother, or by the physician or other person who shall be present at the birth, and who shall be duly sworn to the truth of the contents thereof, and who shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 102228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A 11311

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Jan'y 5th 1889

4. Place of Birth, (Street and Number)

1286 Battery Av.

5. Full Name of Mother,

Ann M. Baitzell

6. Mother's Maiden Name,

Vansant

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Char. H. Baitzell

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

R. G. Lee

Address,

11 W. 1st Howard Barre St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 102229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A. 10.2.19

1. Sex, (state whether male or female)

Male -

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 9 - 1889

4. Place of Birth, (Street and Number)

726. East Little Second Street

5. Full Name of Mother,

Matilda Wolf.

6. Mother's Maiden Name,

Matilda Nieman

7. Mother's Birthplace,

England

8. Full Name of Father,

Henry Wolf.

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Russia -

Name of Medical Attendant, or other Person who makes this Return

Agnes Whiteland M.D. Eng

Address,

6. South Easter Street.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st Δ 11.3/3

Male

White

Jan'y 17th 1889

521 Sharp St.

Lula C. Armager

Trailman

Phila. Pa.

Les Exist. Armées

Printer

W. B. P.

River H
P L V

N. C. 222

Hanover St

[illegible]

Record of Vital Statistics in the City of Baltimore.
And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of keeping a true and correct record of the births, deaths, marriages, divorces, and adoptions, shall keep a true and correct record of the same, and shall file the same in the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A. 1021*

1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *Colored*
 3. Date of Birth, *30 of January*
 4. Place of Birth, (Street and Number) *349 Wifford Street*
 5. Full Name of Mother, *E. New Handy*
 6. Mother's Maiden Name, *E. New Waters*
 7. Mother's Birthplace, *Summerset County Maryland*
 8. Full Name of Father, *Thomas Handy*
 9. Father's Occupation, *Waiter*
 10. Father's Birthplace, *Summerset County Maryland*
- Name of Medical Attendant, or other person who makes this Return. *Wester Colanace*
- Address, *349 Preston St*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

61. C. H. LAMM & CO. CITY PRINTER AND STATIONER

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (*Slate whether male or female*)

2. *Race or color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,...*

9. *Father's Occupation,*

10. *Father's Birthplace, ...*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Section 7.—And he is further directed and ordained that every person attending a birth in the city of Baltimore, under a license or charter or superintendence, shall be required to file a birth certificate with the Registrar of Births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 102233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first 11215
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, March 1st 1889
4. Place of Birth (Street and Number), 622 Pitcher St
5. Full Name of Mother, Alice Augusta Brown
6. Mother's Maiden Name, Abbott
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Geo Wesley Brown
9. Father's Occupation, Clerk
10. Father's Birthplace, Carroll Co. Md
- Name of Medical Attendant, or other person who makes this Return, J. C. Hammer
- Address, 212 W. Franklin St
- Remarks,

Baltimore under whose charge or superintendence a birth shall be recorded, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the person practicing midwifery in the City of Baltimore, or by the person who has charge of the child, or by the mother, or by the father, or by the physician or practitioner of midwifery, or should no other person of such a class be present, then by the person who first has charge of the child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth — A 1037*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 8th 1889*
4. Place of Birth, (Street and Number) *344 Woodward St*
5. Full Name of Mother, *Elmore Barker*
6. Mother's Maiden Name, *Elmore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. E. Barker*
9. Father's Occupation, *Painter & Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. L. Leonard*
- Address, *337 Woodward St*
- Remarks, *Strong healthy child.*

Section 7. And he it further enacted, and established, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall be furnished by the Commissioner of Health, with a blank schedule, containing a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of the child, the sex, color, the full name and occupation of its mother, the date of birth, the day of the month, the year, and the place of birth, and the said schedule shall be delivered to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of the Office of the Commissioner of Health. In case the be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 102235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 7th A, 1121

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... March 14, 1889

4. Place of Birth, (Street and Number)..... 676 Lexington St.

5. Full Name of Mother,..... Annie Goodman

6. Mother's Maiden Name,..... Annie Goodman

7. Mother's Birthplace,..... Virginia

8. Full Name of Father,..... John Goodman

9. Father's Occupation,..... Farmer

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return..... Dr. Weir

Address,..... 400 Cathedral St.

Remarks,.....

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth in a list of the births which he has attended, the name of the mother, the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 10319

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 24th 1887

4. Place of Birth, (Street and Number) 515 Bell St.

5. Full Name of Mother, Marie Morsel

6. Mother's Maiden Name, Byers

7. Mother's Birthplace, Italy

8. Full Name of Father, Philip Morsel

9. Father's Occupation, Labourer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Byers

Address, 1241 Broadway

Remarks, _____

Record of Vital Statistics in the City of Baltimore.
Section 5.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall be and he is hereby required to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be forwarded to the Commissioner of Health, on or before the first day of January next following the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and he or she shall be liable to the same penalties as are provided for in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Girl* *A. 17326*

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 4 1889*
4. Place of Birth, (Street and Number) *Duncan at 328*
5. Full Name of Mother, *Annie Mag*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Joseph Soukote*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return,

Address, *Mary Potter Washington 2015*

Remarks,

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall have taken place shall be and he is hereby required to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall cause the said schedule to be filled up with the name of the child, the date of birth, the sex, color, the full name and occupation of its mother, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, or any such person or persons who shall hereafter fail to comply with the provisions of this section, to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Adam ——— *Weider*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy* *A* *10321*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 9 1889*
4. Place of Birth, (Street and Number) *Derham st 13*
5. Full Name of Mother, *Genevieve Polz*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Weider*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return,

Address, *Mary Hopps Washington st 205*

Remarks, *GIVEN NAME ADDED 2-18-54*

A.M.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Girl* *A 11322*
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 9 1884*
4. Place of Birth, (Street and Number) *Lin 1617*
5. Full Name of Mother, *Mortanster Gachnesska*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *John Seethomsht*
9. Father's Occupation, *tailor*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return,
- Address, *Mary Hopkin Washington 20*
- Remarks,

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the city of Baltimore and who is not a duly qualified and licensed physician shall be liable to a fine of not more than one hundred dollars for each offense, to be recovered by other lines and forfeitures are recoverable.

RETURN OF A BIRTH 102240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 11323

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 9th

4. Place of Birth (Street and Number),

426 Birch St Baltimore City

5. Full Name of Mother,

Mary Elizabeth Snitzer

6. Mother's Maiden Name,

" " Trester

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Edward Snitzer

9. Father's Occupation,

Express Driver

10. Father's Birthplace,

West River (unnamed) Co. Md

Name of Medical Attendant, or other person who makes this Return.

Wilhelmine Bernisch

Address, No. 418 W. Conway St.

Remarks,

RETURN OF A BIRTH **L02241**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A10324

1. *Sex, (state whether male or female).*

Male

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

March 10 - 89

4. *Place of Birth, (Street and Number)*

1039. T. Chapel St

5. Full Name of Mother, _____

Mary. Gunter

6. *Mother's Maiden Name,*

" Specht

7. *Mother's Birthplace,*

Ball's

8. *Full Name of Father,*

Charles A. Gunter

9. *Father's Occupation,*

Baker

10. *Father's Birthplace,*

.....
Ballo

Name of Medical Attendant, or other person who makes this Return, ..

Mrs Mary. A. Allwell

Address,

92 Mc Donogh St

Remarks,

[illegible]

any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A 10325*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Mar. 10th 1889*
4. Place of Birth, (Street and Number) *1517 Linden Ave*
5. Full Name of Mother, *Emma G. Myers*
6. Mother's Maiden Name, *Gannon*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *G. L. Myers*
9. Father's Occupation, *Wholesale Clothing*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. Patton M.D.*

Address, *124 Broadway*

Remarks, _____

Ex-
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ry
case it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of all the births which have occurred under his or her care during the year in which they occur, and shall enter the same on a blank schedule which shall contain a list of the births which have occurred under his or her care during the year in which they occur, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, in case the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78943 102243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether) *st, 2d, 3d, &c.* *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 13, 1896*
4. Place of Birth, (Street and Number) *1128 W. Hamburg*
5. Full Name of Mother, *Annie Estella Strippy*
6. Mother's Maiden Name, *Annie Estella Frank*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Otto Strippy*
9. Father's Occupation, *Milkman*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Chas. E. Sennie Md*
- Address, *405 N Green St*
- Remarks, *Overlooked*

Section 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register of the births which have occurred under his supervision, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, the sex, race or color, the name and occupation of its parents, the date and place of birth, and the name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to sign the name of the child, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 109244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 25, 1896

4. Place of Birth, (Street and Number) 927 Ewer St.

5. Full Name of Mother, Florentina Sexton

6. Mother's Maiden Name, " Rhodes

7. Mother's Birthplace, Bath Ind.

8. Full Name of Father, William Sexton

9. Father's Occupation, Cooper

10. Father's Birthplace, Bath Ind.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 McCarline St.

Remarks, _____

SECTION 7.—And he it further enacted and ordained that any person who shall deliver a child in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be liable to the provisions of this section. This section shall not apply to any child born in the City of Baltimore who shall be delivered in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of the mother, the date and place of birth, and the sex, color, and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and second day of the month of January following the birth of the child, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 2nd 1887
4. Place of Birth, (Street and Number) 536 Preston St
5. Full Name of Mother, Larsh Baskindillt
6. Mother's Maiden Name, Larsh Parker
7. Mother's Birthplace, Berlin
8. Full Name of Father, Edward Baskindillt
9. Father's Occupation, Welder
10. Father's Birthplace, St Mary's County
- Name of Medical Attendant, or other person who makes this Return, Alfred C. G. G. G.
- Address, 507 Preston St
- Remarks, _____

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be employed by the Commissioner of Health, shall keep a true and correct register of each birth, and shall report the same to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

51940^{1/2} RETURN OF A BIRTH. ^{Recorded May 12 1896} L02246
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *7th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 11th, 1881*

4. Place of Birth, (Street and Number) *2115 Young St.*

5. Full Name of Mother, *Susan M. Moore*

6. Mother's Maiden Name, *Susan M. Moore*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Dr. William Moore*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *W. J. O'Donoghue*

Address, *111 S. Broadway*

Remarks,

Extract Regulations of the Health Department to require a full and correct Record of Vital Statistics to the City of Baltimore.

And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be licensed by the Board of Health, shall be bound to keep a full and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conceived and born as far as the same can be ascertained the date of birth, the sex, the race or color, the date of delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

465 1/2
L02247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), white

3. Date of Birth, 30th march 1881

4. Place of Birth (Street and Number), 265 Lexington St

5. Full Name of Mother, Mollie C. Johnston

6. Mother's Maiden Name, " " Martin

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Robert Hunter Johnston

9. Father's Occupation, King George & Virginias

10. Father's Birthplace, Commissioner Merchant

Name of Medical Attendant, or other person who makes this Return, W H Crim M.D.

Address, 413 W Fayette St

Remarks, Paul M.

SECTION 2. And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall be bound to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as follows: the name of the child, its sex, color, the full name and occupation of its parents, the date of its birth, the day of each and every month to the office of the Commissioner of Health, in the manner and within the period also provided for in the act, and shall immediately thereafter deliver the said schedule to the Commissioner of Health, and shall report its birth to the Commissioner of Health, in the manner and within the period also provided for in the act, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^{548221/2} L02248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31st. 1882

4. Place of Birth, (Street and Number)

89 E. Fayette St.

5. Full Name of Mother,

Angelina Frey

6. Mother's Maiden Name,

Angelina Giron

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Albert R. Frey

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

A. S. Thomas, M.D.

Address,

85 E. Baltimore St

Remarks,

Section 7.—And he it further enacted and declared, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall take place, shall, within the month following the birth, enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date, hour, place, sex, color, the full name and occupation of its parents, the date, hour, place, sex, color, and every month to the office of the Commissioner of Health, in the manner and within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102249 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 31 1882
4. Place of Birth, (Street and Number) E. Fayette St
5. Full Name of Mother, Angelina Frey
6. Mother's Maiden Name, Givins
7. Mother's Birthplace, Penn
8. Full Name of Father, Alfred G. Frey
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Penn
- Name of Medical Attendant, or other person who makes this Return, C. V. Thomas, M.D.
- Address, 66 E. Baltimore St
- Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH L02250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child - alive*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *alive*

4. Place of Birth, (Street and Number) *60 King St*

5. Full Name of Mother, *Annie Kimmel*

6. Mother's Maiden Name, *Margaret Back*

7. Mother's Birthplace, *Irish*

8. Full Name of Father, *Henry Kimmel*

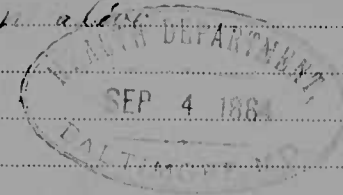
9. Father's Occupation, *stand before*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,



SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

81149 1/2

RETURN OF A BIRTH. L02251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Aug 18, 1885

4. Place of Birth, (Street and Number) 196 N. Fulton St. Balt.

5. Full Name of Mother, Mrs. Smith

6. Mother's Maiden Name, Seas

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Wash. Smith

9. Father's Occupation, Editor

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, J. H. Wilson

Address, 1008 Madison Ave.

Remarks, This return is made at this date to correct an omission, Clerical or otherwise.

Section 7.—And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Registrar of Vital Statistics, within a reasonable time after the birth, and shall set forth as follows: the full name of the child, if any shall have been conferred; its sex, color, the full name and occupation of its father, the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur upon the last day of the month, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

75204 RETURN OF A BIRTH. L02252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 5th 1884

4. Place of Birth, (Street and Number) 394 E. Monument St

5. Full Name of Mother, Angeline Gray

6. Mother's Maiden Name, Givin

7. Mother's Birthplace, Penn

8. Full Name of Father, Alfred G. Gray

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return, C. J. Thomas, M.D.

Address, 66 S. Baltimore St

Remarks, _____

Section 7. And be it further enacted, That every person practicing midwifery in the City of Baltimore, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the name of the child, the date and place of birth, and shall set forth as far as the same can be ascertained the full name of each child, of any child, if any shall have been born, the name of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to deliver the same, or to deliver the same in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

62-628
L02253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 12th 1883*

4. Place of Birth, (Street and Number) *1516 formerly 100 N^o Elderly street*

5. Full Name of Mother, *Jane Houston*

6. Mother's Maiden Name, *Jane Smith*

7. Mother's Birthplace, *Northampton County State of Virginia*

8. Full Name of Father, *George Houston*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Worcester County State of Maryland*

Name of Medical Attendant, or other Person who makes this Return, *Hester H. Smith. Midwife*

Address, *1516 N^o Elderly street at the time of birth No 1.00*

Remarks, -

on this 12th day of June 1898 Personally
 appeared before me the undersigned
 Justice of the Peace of State and City
 of Maryland Hester W. Smith and
 made oath on the Holy Evangelists
 of almighty god that the matters and
 facts within stated to be true to the
 best of her knowledge and belief
 John W. Francis J.P.

[Form 1236]

RETURN OF A BIRTH. L02254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 4th 1883

4. Place of Birth, (Street and Number) 32 Bolton St

5. Full Name of Mother, Mollie Rupert

6. Mother's Maiden Name, McAlonee

7. Mother's Birthplace, Balto

8. Full Name of Father, Alexander Rupert

9. Father's Occupation, Driver

10. Father's Birthplace, Tenn

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 1800 Bolton St

Remarks, This report is not recorded although the stat in my record book shows it

Secretary - And be it further enacted and ordained that every person practicing within the City of Baltimore under the provisions of the Act in that behalf passed, shall keep a true and correct record of such birth, and shall enter the same on a list of the births which have occurred under his jurisdiction, and shall set forth in such list the full name and occupation of the mother, the date and place of birth, and the sex, color, race, and age of the child, and shall also set forth the name of the medical attendant upon the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of the Act in that behalf passed, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore
SECTION 7. And be it further enacted, that every person practicing midwifery in the city of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health, and shall set forth as far as may be ascertained, the date, hour, place, sex, color, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its father, the name of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, and shall report the same to the Commissioner of Health, in the manner and form provided by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White Jewish*
3. Date of Birth, *12 January 1893*
4. Place of Birth, (Street and Number) *20 North Market Street*
5. Full Name of Mother, *Clara Maffolo*
6. Mother's Maiden Name, *Prima White*
7. Mother's Birthplace, *Ausland*
8. Full Name of Father, *Abraham Maffolo*
9. Father's Occupation, *tailor*
10. Father's Birthplace, *Ausland*
- Name of Medical Attendant, or other person who makes this Return, *W. C. Maffolo*
- Address, *10 North High St*
- Remarks,

RETURN OF A BIRTH. 102256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....17

1. Sex, (state whether male or female).....Male -

2. Race or Color, (if not of the white race) Caucasian -

3. *Date of Birth*, June 28 - 1885

4. *Place of Birth, (Street and Number)*-----300 Ettinger St-----

5. Full Name of Mother, Linda Elliott

6. Mother's Maiden Name, Lucinda Simms

7. Mother's Birthplace,-----Annabula Md

8. Full Name of Father, John W. Elliott

9. *Father's Occupation*..... *Labourer*

10. *Father's Birthplace,* Cambridge Md.

Name of Medical Attendant, or other person who makes this Return. John S. Kline M.D.

Address, 646 N. Canfield

Remarks. A colored individual, by name of Harris, was

affiliated at this point with the Communist Party.

with this family and familiar with the facts of

SECTION 1. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to the penalties hereinafter provided. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to the penalties hereinafter provided. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to the penalties hereinafter provided.

RETURN OF A BIRTH. 97537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L02257

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 17
4. Place of Birth, (Street and Number) 1534 Clement St.
5. Full Name of Mother, Belle Bruce
6. Mother's Maiden Name, Belle Taylor
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, William Bruce
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, John B. Brown M.D.
- Address, 218 W. Madison St.
- Remarks,

SECTION 7.—And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge or superintendence a child is born, shall be bound to report to the Commissioner of Health, the name of the child, the date of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the date of the birth of any child subsequent to the birth of the first child, in a certificate between the first and the third day of each and every month to the office of the Commissioner of Health; and the attendance upon the mother immediately thereafter, the duty of the person or persons so charged to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH. /102258/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, Sept. 29. 1889.

4. Place of Birth, (Street and Number) 528. Gold. St.

5. Full Name of Mother, Mrs. Lucy Blanch Dyson

6. Mother's Maiden Name, Lucy Blanch Brown

7. Mother's Birthplace, St. Mary County, Md.

8. Full Name of Father, James Edward Dyson

9. Father's Occupation, labor

10. Father's Birthplace, St. Mary County, Md.

Name of Medical Attendant, or other person who makes this Return, Hester Cotner

Address, 509 21st Preston St

Remarks,

A34790 B

RETURN OF A BIRTH. L02259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9 - 1890

4. Place of Birth, (Street and Number)

641 W. Lombard St

5. Full Name of Mother,

Helena Groenfeld

6. Mother's Maiden Name,

Helena Schneermacher

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Isaac Groenfeld

9. Father's Occupation

Sailor

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return,

Joseph Blum & Joseph Clapp

Address,

Remarks, 1816 Madison L 108 S. E. 1st

Heath 25th
Aug 25
new length 5

Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And he is further enacted that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall, at the time and correct place of birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the said schedule may require, the name, sex, color, date of birth, and occupation of the child, and the name and occupation of the mother, and the name and occupation of the father, and the name and occupation of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^{411 830 1/2} 102260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th May 1889

4. Place of Birth, (Street and Number) S Washington St 612 13th

5. Full Name of Mother, Annie Barrow

6. Mother's Maiden Name, Annie Peterson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Barrow

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Avenue

Remarks, Sworn before
Mrs. J. S. Johnston, J. S. Johnston

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. Sex (state whether male or female),

2. ~~Race~~ or Color (if not of the white race).

3. Date of Birth, June 10th 1884

4. *Place of Birth* (Street and Number).

5. Full Name of Mother.

8. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall, within the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures.

RETURN OF A BIRTH. L02262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 95871 1/2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 1st 1887

4. Place of Birth, (Street and Number) 1113 Chew St

5. Full Name of Mother, Henrietta Standiford

6. Mother's Maiden Name, Quinn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Standiford

9. Father's Occupation, Brass Founder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Scamph m d

Address, Charles & Centre Sts

Remarks, Did not attend at the time of confinement but was called in later to see mother

[illegible]

RETURN OF A BIRTH. *824931/2*
L02263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, (1886) 28 of June

4. Place of Birth, (Street and Number) 208 E.utam st

5. Full Name of Mother, Bessie William

6. Mother's Maiden Name, Bessie Albert

7. Mother's Birthplace, Frederice City Md

8. Full Name of Father, Henry Williams

9. Father's Occupation, Hayman

10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Angeline Wilson

Address, 1019 S. Howard St

Remarks,

102264

Baltimore City.

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[Signature]

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Record of Vital Statistics in the City of Baltimore

87295
L02265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

Temple

White

De la

No 168

Caroline Wise

Caroline Orino

Baltimore

Lewis Rice

Barlow

Baltimore

A. Butt

Government of

102266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*,...

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*...

Name of Medical Attendant, or other Person who makes this Return.

Address, 185 S. E. cor Central av. & Monument St.

Remarks, *All Well*

Record of Fetal Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every nurse, midwife, or person who charges or superintendence a birth shall hereafter every place, shall transmit to the Commissioner of Health, within the month and day after the birth, a list of the births which have occurred in the month, and shall set forth as far as the same may be ascertained the full name of each child if any shall have been conferred, duly signed by the parents, the date and place of birth, and the said schedule shall be delivered, at the time of the birth of any child, to the first and third day of each and every month to the Office of the Commissioner of Health, and the attendance of a Physician or practitioner of midwifery, or should no other person be present, the attendance of the mother, upon the birth of the child, be reported to the Commissioner of Health, in the manner herein provided, and the period allowed for such child to be reported by him or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each such offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

John Murphy & Co. Color Printers and Stationers

Record of Vital Statistics in the City of Baltimore.
Section 7. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be and he is hereby required to file with the Registrar of Births, a blank schedule to be furnished by the Commissioner of Health, and to be filled out by the midwife, containing a list of the births which he or she shall have attended during the month, and shall set forth as far as the facts shall contain, a statement of the date and place of birth, and the sex, color, the full name and occupation of the father, the name and occupation of the mother, the date and hour of birth, the name of the medical attendant, the name of the person who shall become the duty of the person or persons, or should no other person be in attendance upon the mother, immediately after the birth, to the Commissioner of Health, in the manner and form provided for by the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 14th 1886*

4. Place of Birth, (Street and Number) *No 305 Front St. Bk. 886*

5. Full Name of Mother, *Lewis Hall*

6. Mother's Maiden Name, *Lewis Hall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. Wooden*

9. Father's Occupation, *Pipmolder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt*

Address, *185 S.E. Cor. Central av. & Monument St.*

Remarks, *All Well*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and shall send to the Commissioner of Health a list of the births which have occurred under his or her supervision, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, race or color, date of birth, place of birth, and the name of the mother, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and under the penalties provided for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH ^{87621/2} 102268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1886
4. Place of Birth, (Street and Number) No. 100 West St. Baltimore, MD.
5. Full Name of Mother, Lizzie Engelking
6. Mother's Maiden Name, Lizzie York
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Engelking
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. A. Batt
- Address, 185 S.E. cor Centrel av. & Monument St.
- Remarks, All Well



SECTION 7.—And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, and who is not a duly licensed physician, shall keep a true and correct register of each birth which he or she may attend, and shall enter the same on a blank schedule to be furnished by the City of Baltimore, and shall enter the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its mother, the date of its birth, the place of its birth, the name of the physician or midwife attending, and the date of its birth, and shall certify between the first and third day of the month following the birth of any child shall occur without the attendance of a physician or midwife, and shall immediately thereafter report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

88060 1/2
L02269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 1886
4. Place of Birth, (Street and Number) 27 Abbott St
5. Full Name of Mother, Mary Klipner
6. Mother's Maiden Name, Holup
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Klipner
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return, Josephine Conran
- Address, 20 Barnes St
- Remarks,

8E061 1/2
L02270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)...*

2. *Race or Color, (if not of the white race)*..

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,...*

8. *Full Name of Father,*

9. *Father's Occupation,...*

10. *Father's Birthplace,....*

Name of Medical Attendant, or other Person who makes this Return...

Address,

Remarks,

John Murphy & Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.

88/30
L02271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1880 August 12

4. Place of Birth, (Street and Number) 342 N. Washington

5. Full Name of Mother, Mary Razali

6. Mother's Maiden Name, ~~Adams~~ Kessler

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Trauzzi

9. Father's Occupation,..... Pilot

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return.....

Address, We have (over)

Remarks, 20 June, 1964

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore and shall enter the said Superintendent of Health, a list of the births which have occurred under his or her care during the year, and shall keep a true and correct register of such births, and shall enter therein the name of the mother, the name of the child, the sex, color, the full name and occupation of the father, the date and place of birth, and the date and place of delivery, and the name of the physician or other person who attended the birth, and the name of the person who reported the birth to the Superintendent of Health. In case the birth of any child shall occur without the attendance of a physician, the person who attended the birth shall report the birth to the Superintendent of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 14th 1886

4. Place of Birth, (Street and Number) 133 Scott St.

5. Full Name of Mother, Ida Briggs

6. Mother's Maiden Name, Grime

7. Mother's Birthplace, Fredrick Co., Md.

8. Full Name of Father, Olive Briggs

9. Father's Occupation, Machinist

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Wm. A. L. L. L.

Address, A.E. Co. Columbia & Mount Aves.

Remarks, Child a good physical condition & living

879261/0
L02273

Names of child: *Frederick Lewis Dipon*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 166*

1. Sex, (state whether male or female).....male.....

2. Race or Color, (if not of the white race)

3. Date of Birth Jan 3 1881 (1882)

Place of Birth (Street, City, State, Country) Albany, New York, U.S.A.

4. Place of Birth, (Street and Number) Williamsburg, Virginia

5. Full Name of Mother, Hannah A. [unclear]

6. Mother's Maiden Name, S. Smith

7. Mother's Birthplace,..... Leigh, Ind

8. Full Name of Father, Harold L. Gird

9. Father's Occupation *Librarian*

10. Father's Birthplace 1166123
401

10. Father's Birthplace,..... 8302 C 411

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Heatheron

Address, Light St. 112 5-23

Remarks,

[illegible]

CORRECTED BY *Sister's Affidavit*
SEE DOCUMENT FILE NO. *86926 1/2*
DATE *4-16-42* *Gladys Haddock*
CLERK

Correct Record of Vital Statistics in the City of Baltimore.
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

86184 1/3
L02274

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Mute*

3. Date of Birth, *April 10th 1886*

4. Place of Birth, (Street and Number) *88 E Pratt St*

5. Full Name of Mother, *Catherine Bond*

6. Mother's Maiden Name, *Lavery*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Bond*

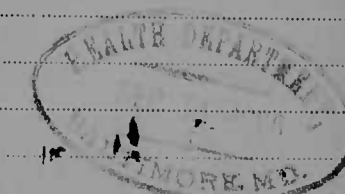
9. Father's Occupation, *Sign Hucker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr H. Riffenderfer*

Address, *140 Bolton St*

Remarks, *This child was born*



875391
LO2275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race).....*White*

3. Date of Birth, May 23rd 1886

4. Place of Birth, (Street and Number) 138 Paul St.

5. Full Name of Mother, Margaret Dougherty

6. Mother's Maiden Name, Robert

7. Mother's Birthplace, Westminster, Ind.

8. Full Name of Father, Julius Daugherty

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, John H. White, M.D.

Address, 347 W. Broadway

Remarks,

[illegible]

John Murphy & Co., City Printers and Stationers.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of the list of the births which have occurred under the supervision of such person, and shall, at the expiration of each month, ascertain the date and place of birth, and the date and place of death of every child born or dying in the City of Baltimore, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

86660 1/2
102276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29

4. Place of Birth, (Street and Number) 82 Orlean St

5. Full Name of Mother, Lizzie Mitzel

6. Mother's Maiden Name, Lizzie Briddlecamp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Mitzel

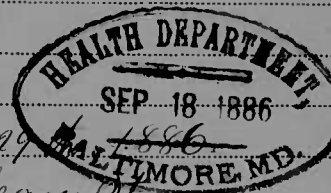
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt

Address, 185 S.E. cor. Central av. & Monument St.

Remarks, All Well



RETURN OF A BIRTH



SECTION 7.—And be it further enacted and established that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place shall be bound to file a Return of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the midwife or other person who shall be present at the birth, and shall set forth as far as the same can be ascertained the full name of each child (the name of the mother, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In the event of a birth occurring on the last day of a month, the certificate shall be delivered to the Office of the Commissioner of Health on the first day of the next month. Any person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

86702 1/2
LO22772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1st 1886

4. Place of Birth, (Street and Number) 208 Chase St.

5. Full Name of Mother, Annie Bane

6. Mother's Maiden Name, Annie Damson

7. Mother's Birthplace, New York

8. Full Name of Father, Thomas Bane

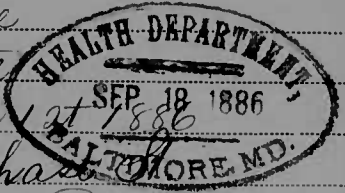
9. Father's Occupation, Laborer

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return, M. A. Burt

Address, 185 S.E. av. Central av. & Monument St.

Remarks, All Well



Section 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, and shall enter the same on a blank schedule to be provided for that purpose, and shall keep a true and correct register of such birth, and shall file the same with the Registrar of Births, and shall be subject to the provisions of this section, and shall be liable to the penalties thereof. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who shall be found guilty of neglecting to file the same, or of falsifying the same, shall be liable to the penalties thereof. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who shall be found guilty of neglecting to file the same, or of falsifying the same, shall be liable to the penalties thereof.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

86765 1/2
102278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th 1886

4. Place of Birth, (Street and Number) No 21 76th St

5. Full Name of Mother, Barb. Hagenroeder

6. Mother's Maiden Name, Barb. F. Lockel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hagenroeder

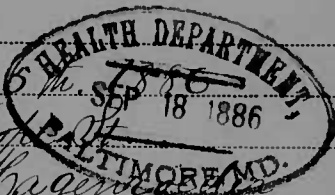
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Batt

Address, 185 L.E. Cor Central av & Monument St.

Remarks, All Well



RETURN OF A BIRTH

RETURN OF A BIRTH ^{86811/2} 102279
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10, 1885

4. Place of Birth, (Street and Number) 520 Washington St.

5. Full Name of Mother, Katie Owens

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Law Bond

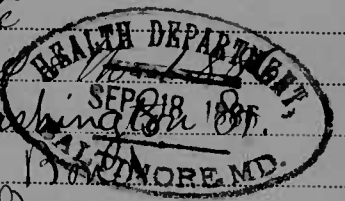
9. Father's Occupation, Car Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt

Address, 165 S. E. on Central av & Monument St.

Remarks, All Well.



Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register, and shall enter the same on a blank sheet of paper, and shall file the same with the Registrar of Vital Statistics, and shall enter the full name of each child (if any) shall have been conferred, its sex, color, the full name of the mother, the date of birth, and the place of birth, and the name of the medical attendant, and the name of the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

John Menden & Co. Printers and Stationers

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and who shall be charged with the duty of attending at the birth of a child, shall keep a true and correct record of the births which have occurred under his or her supervision, and shall submit to the Commissioner of Health, a list of the births which have occurred under his or her supervision, containing the full name of each child (if any shall have been conferred), its sex, color, the date and place of birth, and the date and place of birth of each and every child, and the name of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH ^{87854 1/4} 102280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^{cd}.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, No. 8 St. James SEP 18 1886

4. Place of Birth, (Street and Number) Jun 9. 1886

5. Full Name of Mother, Amelia Cole

6. Mother's Maiden Name, Amelia Adams

7. Mother's Birthplace, Balto

8. Full Name of Father, Mr. J. B. Cole

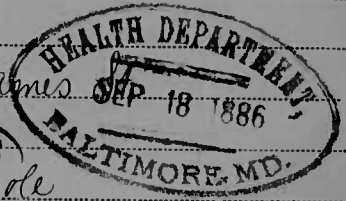
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. B. H.

Address, 185 E. or Central av. & Monument St.

Remarks, All Well



86 870 1/2
L02281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 17th 1886*
4. Place of Birth, (Street and Number) *No 6 W. Baltimore Md.*
5. Full Name of Mother, *Ida Geier*
6. Mother's Maiden Name, *Ida Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Geier*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt.*
- Address, *185 S. E. cor Central av. & Monument St.*
- Remarks, *All Well*

John Muschu & Co. City Printers and Stationers

Correct Record of Vital Statistics in the City of Baltimore.
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

87 87 1/2
102282

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 11, 1886

4. Place of Birth, (Street and Number) No 27 Foster alley

5. Full Name of Mother, Emma Wiley

6. Mother's Maiden Name, Emma Tilamer

7. Mother's Birthplace, Talbot Co Md

8. Full Name of Father, George Wiley

9. Father's Occupation, Laborer

10. Father's Birthplace, Queen Anne's Co Md

Name of Medical Attendant, or other Person who makes this Return Rosetta Grose

Address,

Remarks,



86905 1/2
L02283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female).....female

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth, June 13th, 1886

4. Place of Birth, (Street and Number).....No. 348 Durham St.

5. Full Name of Mother, Margr. Chamblines

6. Mother's Maiden Name, Marg. Gungkaw

7. Mother's Birthplace,.....Baltimore

8. Full Name of Father, George Chambliss

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, M. A. Buttrick

Address, 185 S.E. cor Central av. & Monument St.

Remarks, *All Well*

Section 7. Any person who, without the authority in the City of Baltimore, Maryland, or whose license or superintendence a birth shall hereafter take place, shall cause to be made and shall order the same to be furnished by the Commissioner of Health. This schedule shall contain a blank space for the signature of the physician, midwife, or other person who shall be required to ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the place of abode of the child, and shall be filled out and signed by the practitioner in the form of a certificate, and shall be presented to the Commissioner of Health, immediately after the birth of a new child and upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter (the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and any physician and midwives are responsible).

John Marshall & Co. City Printers and Stationers

Team Members: Mr. C. Delmonte and Stationer

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who shall deliver a child, or who shall be present at the delivery of a child, shall, within the period of ten (10) days after the birth of such child, report to the Commissioner of Health, in the manner and within the time specified in this section, a true and correct statement of the birth of such child, containing the following particulars, to-wit: the name of the child, the date of birth, the sex, color, the full name and occupation of the mother, the name and occupation of the father, the name and occupation of the physician or midwife, and the name and occupation of the person who attended the birth of such child. And be it further enacted and ordained, that every person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

86975 1/2
102284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16th 1886

4. Place of Birth, (Street and Number) No. 107 Orlean St.

5. Full Name of Mother, Annie Stuard

6. Mother's Maiden Name, Annie Meier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred. Stuard

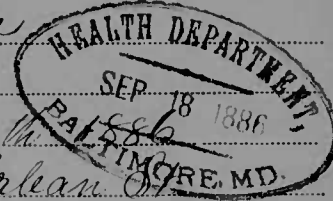
9. Father's Occupation, Drab

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, K. A. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well



Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall deliver the same to the Commissioner of Health, who shall file the same in the office of the Commissioner of Health, and shall also deliver a copy of the same to the parents of the child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the father, or of any other person who shall be present at the birth, to report its birth to the Commissioner of Health, and to deliver to him a true and correct statement of the facts, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 26 1886

4. Place of Birth, (Street and Number) No 339 Monument St

5. Full Name of Mother, Gussie Lang

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, H. Thomas

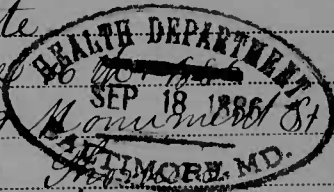
9. Father's Occupation, Store Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well



87/15 1/2
L02286

1022

2cd

Male

White

SEP 1886

No 94 Patterson Park.

Finie Hamburger

Finie Bohm.

Baltimore

John Hamburger

Typsetter

Baltimore

M. J. But.

4 Monument St.

All Well

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTIONS 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore and under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter upon the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the name of the mother, the name of the father, the name of the physician, and the name of the midwife, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on the first and third day of each and every month or to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Tele-Memoranda to the Chief Deputies and Stationers

John Murphy & Co. Film Printers and Stationers

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 18 1886
BALTIMORE, MD.

Extract Regulations of the Health Department to secure a Full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence the birth of any child shall occur, shall be furnished by the Commissioner of Health, with a schedule, which shall contain a list of the names of the parents, the date and place of birth of the child, the sex, color, the name of the practitioner in the form of the certificate, and the full name of each child (if any shall have been conferred), its sex, color, by the practitioner in the course of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of said child to report its birth to the Commissioner of Health, in the manner and to the effect herein provided. And the said child or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars and its costs, and the said fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of his or her parents, the date and place of birth, the day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 24th 1886*

4. Place of Birth, (Street and Number) *No. 74 1/2 Barclay St. Baltimore, Md.*

5. Full Name of Mother, *Sarah Solomon*

6. Mother's Maiden Name, *Sarah Bornstein*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Jacobs Solomon*

9. Father's Occupation, *Store*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Bull*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, 185 S.E. Cor Central av. & Monument St.

Remarks, All Well

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a column for the date and place of birth, and a column for the name of the child, and a column for the sex, color, the full name of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to procure a birth certificate, in the form of a certificate, from the Commissioner of Health, and to deliver the same to the Commissioner of Health, on or before the first and third day of each and every month. Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH ^{87222 1/2} 102290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 27 1886

4. Place of Birth, (Street and Number) No 67 Eastern ave

5. Full Name of Mother, Setha Crawford

6. Mother's Maiden Name, Setha ann Crawford

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Alfred Collings

9. Father's Occupation, Salt Bar

10. Father's Birthplace, Saint Marys Co Md

Name of Medical Attendant, or other Person who makes this Return Rosetta Grace

Address,

Remarks,



Current Record of Vital Statistics in the City of Baltimore.
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall, within one month after the date of such birth, and shall enter the same on a blank schedule, to be furnished by the City of Baltimore, and shall set forth as far as the same may be ascertained, the name of the child, its sex, color, date of birth, the name of the mother, the name of the father, the name of the practitioner, the name of the place of birth, the name of the mother's maiden name, the name of the father's occupation, the name of the father's birthplace, the name of the mother's birthplace, the name of the medical attendant, the name of the person who makes this Return, the address, and the remarks, and shall deliver the said schedule to the office of the Commissioner of Health, in the manner and at the time and place above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, September 20 1889
 4. Place of Birth, (Street and Number) 716 McEldry St. East
 5. Full Name of Mother, L. Bailew
 6. Mother's Maiden Name, L. Stewart
 7. Mother's Birthplace, Somerset County
 8. Full Name of Father, S. Bailew
 9. Father's Occupation, Labour
 10. Father's Birthplace, Somerset County
- Name of Medical Attendant, or other person who makes this Return, W. d. Butler
- Address, 1245 E. Monument St. cor. Central ave.
- Remarks, See Will.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13640/2
102292

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20th 1889

4. Place of Birth, (Street and Number) 520 Dolphin St

5. Full Name of Mother, Elizabeth E. Bell

6. Mother's Maiden Name, .. Watkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew J. Bell

9. Father's Occupation, Stair Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louis Lohs Horn

Address, Mulberry St & Myrtle Ave

Remarks,

Section 2. - Further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose child a birth certificate is issued, shall enter the same on a blank schedule, to be furnished by the Registrar of Births, and shall set forth as follows: (1) the date of birth, (2) the sex, (3) the color, (4) the full name, and occupation of its parents, the day and place of birth, and the day and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall cause attendance upon the mother, immediately thereafter, it shall be the duty of the midwife to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L02293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Jerome Joseph 1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 18th 1889*
4. Place of Birth, (Street and Number) *Baltimore City 800 North Howard Street*
5. Full Name of Mother, *Mary Elizabeth Leiser*
6. Mother's Maiden Name, *Mary Elizabeth Smith*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John J. Leiser*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this return, *Margie C. Waters*
- Address, *1400 Roman St.*
- Remarks, *Midwife*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under these charters or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall forward the same to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following the month in which the birth occurred. This register shall contain a list of the births, which have occurred under his or her care during the month, and shall be in the form of a schedule, and shall be filled out by the midwife, and shall be signed by her, and shall be forwarded to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following the month in which the birth occurred. In case the midwife shall fail to comply with the provisions of this section, she shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11. 1889

4. Place of Birth, (Street and Number) Baltimore 1724 Johnson St

5. Full Name of Mother, Rachel Donaldson

6. Mother's Maiden Name, Rachel Underwood

7. Mother's Birthplace, Saxonville

8. Full Name of Father, George B. Donaldson

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Donaldson

Address, 1724 Johnson St

Remarks, Mother and child doing well

Section 17. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the midwife, and shall be delivered to the Registrar of Health on or before the first day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall immediately inform the Registrar of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th A. 11028*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *1st of April 887 Plowman St.*
4. Place of Birth, (Street and Number) *887 Plowman St*
5. Full Name of Mother, *Rachela Scavano*
6. Mother's Maiden Name, *Draconetta*
7. Mother's Birthplace, *Italy*
8. Full Name of Father, *Sactano Scavano*
9. Father's Occupation, *Tender canals in Druid Hill*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. J. Turnt*
- Address, *23 W. Eden St.*
- Remarks, _____

Section 5-A. Record of Vital Statistics in the City of Baltimore. Every person practicing midwifery in the City of Baltimore under whose charge a birth has occurred, shall be required to enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the facts known to him or her shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and last day of the month in which the birth occurred, and shall deliver the same to the office of the Commissioner of Health, in case the birth of any child shall occur within the month, and shall be subject to the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 13020*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st June*
4. Place of Birth, (Street and Number) *406 Canton Avenue*
5. Full Name of Mother, *Elise Schierlein*
6. Mother's Maiden Name, *= Bauernschmidt*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Ewig Schierlein*
9. Father's Occupation, *Labeln*
10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. Weiss*

Address, *2524 Lancaster St.*

Remarks, _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10501
L02297

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Apr. 10th 1896*

4. Place of Birth (Street and Number) *14 W. Madison St.*

5. Full Name of Mother *Mary E. Anderson*

6. Mother's Maiden Name *Day*

7. Mother's Birthplace *Hills Co. N.Y.*

8. Full Name of Father *Richard D. Anderson*

9. Father's Occupation *Carver*

10. Father's Birthplace *Prince George Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *D. Christian M.D.*

Address *401 Penna. Ave.*

Remarks

RETURN OF A BIRTH L02298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *Oct 5 '89*
4. Place of Birth, (Street and Number) *412 Dover St.*
5. Full Name of Mother, *Mary Ann Jackson*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Richmond Co. Va.*
8. Full Name of Father, *Charles Thomas*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Middlesex Co.*
- Name of Medical Attendant, or other person who makes this Return, *Irvin Church*
- Address, *622 St. Leonard*
- Remarks, *Living*

WM J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct. 29, 1889.

4. Place of Birth, (Street and Number) Wesley Street

5. Full Name of Mother, Margarette Miller

6. Mother's Maiden Name, Margarette Belt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. B. Williams M. D.

Address, 931 Fenderson Ave. Ext.

Remarks, Baltimore

Record of Vital Statistics in the City of Chicago

L02300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. *Date of Birth,* births

4. Place of Birth, (Street and Number) 536 Union street

5. Full Name of Mother, Leathyn savors

6. Mother's Maiden Name, Leathem Delorbe

7. Mother's Birthplace, St Marys Georgia

8. Full Name of Father, Wiltsover

9. Father's Occupation, Yale

10. *Father's Birthplace,* Latmor ma

Name of Medical Attendant, or other person who makes this Return: Celstai Beck

Address, 108 shele alley

Remarks.

RETURN OF A BIRTH L02301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29, 1889.

4. Place of Birth (Street and Number) 1339 Division

5. Full Name of Mother, Corrie Powers

6. *Mother's Maiden Name, Sinclair*

7. Mother's Birthplace, Charles Co. Md.

8. Full Name of Father, Geo. Bowers

9. *Father's Occupation,* Butcher

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Not printed

Address, 1821 Madison Ave.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is desirous to be licensed to practice the same, shall be furnished by the Commissioner of Health, with a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife, and shall be delivered to the Commissioner of Health, on the first day of January following, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of January, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be deemed guilty of a misdemeanor, and its or their names and forfeitures are recoverable in any court of law, for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.
SECTION 7. And be it further enacted and ordained that hereafter the City of Baltimore shall keep a true and correct record of each birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore during the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth, and the sex of each child, and shall be delivered, duly signed by the practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child. A 9601*

1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *colored*
 3. Date of Birth, *January 28*
 4. Place of Birth, (Street and Number) *926 Jenkins Alley*
 5. Full Name of Mother, *Atenia Johnson*
 6. Mother's Maiden Name, *Atenia Thompson*
 7. Mother's Birthplace, *Baltimore city*
 8. Full Name of Father, *Frank Johnson*
 9. Father's Occupation, *Musicians*
 10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, *Heester Potance*
Address, *509 Preston Street*
Remarks, _____

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SURGEON T.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the city of Baltimore during the month, and shall be set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex and race or color of the child, the name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery who attended the birth, and the name of the mother, immediately thereafter it shall become the duty of the person or persons who attend upon the birth to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 9/12
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Col
3. Date of Birth, Jan 26th 1877
4. Place of Birth (Street and Number), Central Ave + Jefferson
5. Full Name of Mother, Ann Leake
6. Mother's Maiden Name, Virginia
7. Mother's Birthplace, Lib Lane
8. Full Name of Father, Leake
9. Father's Occupation, Farmer
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Ellen Wilson
- Address, 1005 E Hill Ave
- Remarks, City

RETURN OF A BIRTH **L02304**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Ackmead, Gravel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Record of Vital Statistics.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the birth, and shall cause the same to be entered in a book to be kept by him, in the following manner, to wit: That the said midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, and the date of the birth, and shall cause the same to be entered in the said book, and shall cause the same to be entered in the said schedule, which said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child or person be in such a condition that it shall be necessary for a physician or other person to attend upon the child, or if the child shall occur without the attendance of a physician or other person, then the said midwife shall cause the same to be reported to the office of the Commissioner of Health, in the manner and within the period above required, and shall cause the same to be entered in the said book, and shall cause the same to be entered in the said schedule, and shall cause such person or persons, who shall hereafter fail to comply with the provisions of this act, to be deemed guilty of a misdemeanor, and shall be liable to the punishment therefor.

CORRECTED BY

Father's Affidavit

SEE REGISTRATION

DATE

1-8-48

R. Rouse

CLERK

REGISTRATION OF THE HEALTH DEPARTMENT
RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE
SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter on the said register the name of the mother, the name of the child, the date and place of birth, the sex, color, race, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth of the child, and shall sign the said register, and shall deliver the same to the Commissioner of Health, in case the birth of any child shall occur on the day of the said birth, or immediately thereafter, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

L02305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 91378
1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 25th 1889
4. Place of Birth, (Street and Number) 6 St. Louis Avenue
5. Full Name of Mother, Louise Emma Barry
6. Mother's Maiden Name, " " Pitt E. Barry
7. Mother's Birthplace, Point a Pitre, Guadalupe, West Indies
8. Full Name of Father, Geo. W. B. Barry
9. Father's Occupation, Filing, Marble, Carving, Grating etc. (Wash. D. C.)
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Mrs. R. Barry
- Address, 45 St. Louis Avenue
- Remarks, Mother in good health

SECTION 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, or such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the remarks. And be it further enacted and ordained that any and every person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 9597
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 24. 1889.
4. Place of Birth, (Street and Number) 1349 N. Carey
5. Full Name of Mother, Rosa A. Griffith
6. Mother's Maiden Name, Cleveland
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Ernest L. Griffith
9. Father's Occupation, Carpenter
10. Father's Birthplace, Anne Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return, W. H. Harrison M.D.
Address, 1821 Madison Ave
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child 9596

1. Sex, (State whether male or female). *male*

2. Race or color, (if not of the white race) Colored

3. *Date of Birth*, January 15th 1861

4. Place of Birth, (Street and Number) 44 Westwood St.

5. Full Name of Mother, Jennie Harris

6. *Mother's Maiden Name,* Jennie Green

7. Mother's Birthplace, Essex county

8. Full Name of Father, Charles Harris

9. Father's Occupation, *Coachman*

10. Father's Birthplace, Charles County

Name of Medical Attendant, or other person who makes this Return. Hester E. Stance

Address, 509 Preston St

Remarks,

[illegible]

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth which have occurred in the City of Baltimore, and shall be filled out by the midwife or other person attending the birth, and shall be forwarded to the Commissioner of Health, with the fee thereon, on or before the first day of the month following the month in which the birth occurred. The said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter the mother or other person attending the birth shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to Health Department 16 Health Department 16
Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *9293*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 25. 89.*
4. Place of Birth, (Street and Number) *1729 N. Lombard*
5. Full Name of Mother, *Anna Rebecca Wilson*
6. Mother's Maiden Name, *Mercier*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Dr. R. Wilson*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. Wilson*
- Address, *1729 N. Lombard*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) *colored*

3. Date of Birth, 576 Hoffman St.

4. Place of Birth, (Street and Number) January 12.

5. Full Name of Mother, *Henriette Dorsey*

6. Mother's Maiden Name, Hannie Curtis

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, James Dorsey

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Frederick*

Name of Medical Attendant, or other person who makes this Return. *Foster Colance*

Address, 309 Prestow St

Remarks,

Record of Vital Statistics in the City of Baltimore.
Section 1. Any person who shall be further charged with the duty of registering of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the parents, the date and place of birth, and the sex, color, the full name and occupation of the child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of the child, or of its mother, or of any other person, and shall be subject to the inspection of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child. A. 9573*
1. Sex, (State whether male or female). *female*
2. Race or color, (if not of the white race) *colored.*
3. Date of Birth, *length of January.*
4. Place of Birth, (Street and Number) *910 Green Willow Court*
5. Full Name of Mother, *Lydia Neal*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Basil Robinson*
9. Father's Occupation, *Laboring*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return. *Wesley Colance*
- Address, *509 Preston St.*
- Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall be required to keep a record of all births occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth as the same can be ascertained from the records of the midwife, or other person having charge of the birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the office of the Commissioner of Health, and shall be signed by the person or persons so reporting. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 9592

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 6. 1889.

4. Place of Birth, (Street and Number) 1524 Ken. Ave.

5. Full Name of Mother, Saura A. Clatchey

6. Mother's Maiden Name, Stansbury

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Alfred B. Clatchey

9. Father's Occupation, Coachmaker

10. Father's Birthplace, Bolton

Name of Medical Attendant, or other person who makes this Return, J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks, _____

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person who is the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the following particulars, to-wit: the date and place of birth; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 9591

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 4. 1889.

4. Place of Birth, (Street and Number) 2025 Oak St.

5. Full Name of Mother, Julia A. Van' Donaker

6. Mother's Maiden Name, Sally

7. Mother's Birthplace, Ireland

8. Full Name of Father, Oliver C. Van' Donaker

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, W. H. Wristian, M.D.

Address, 1821 Madison Ave.

Remarks, _____

L02813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first child* *9570*
Edw. M. M. M.

1. Sex, (state whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. 112

Address,

Remarks,

SECTION 2.—And be it further enacted that every person practicing midwifery as that correct name under whose change or subterfuge he or she may attempt to evade the provisions of this act, shall be liable to the same on a like schedule, to be furnished by the Commissioner of Health of this State shall contain a list of the births which have occurred under each midwife's name during the month, and shall set forth as far as the same can be ascertained, the name of the mother, the date of birth, and the place of birth, and the sex, color, and date of birth of the child, and the name of the physician or practitioner to whom the child has been conferred its sex, color, and date of birth, and signed by the practitioner in the form of a certificate between the third day of the month and every month to the office of the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Md

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *colored*

3. Date of Birth, January the first

4. Place of Birth, (Street and Number) 767 Chestnut Alley
5. Full Name of Mother, Sally McCallister

5. Full Name of Mother, Sally Holland
6. Mother's Maiden Name, Sally McLeane
7. Mother's Birthplace, W. Va.

6. Mother's Maiden Name, Sally McLeane
7. Mother's Birthplace, B. M.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Basil Holland

9. Father's Occupation, *Porter*

10. Father's Birthplace, Elliot City
Name of Mother, _____

Name of Medical Attendant, or other person who makes this Return. *City of Chester Colance*
Address, *509 Preston St.*

Address, 519 Preston St

Remarks,

RETURN OF A BIRTH L02315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) part white
beard

3. Date of Birth, July 26 1889

4. Place of Birth, (Street and Number) Baltimore, Md. 2021

5. Full Name of Mother, Rosetta Watkins

6. Mother's Maiden Name, Roseter Bain

7. Mother's Birthplace, Washington, D. C.

8. Full Name of Father, Agostus. Watkins

9. Father's Occupation, Dragman

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. A. Wilson

Address, No 3-30 - 2nd st near Barclay street

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And it is further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision any child shall be born, shall keep a true and correct record of the births which shall be made by him or her, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the practitioner of midwifery, within the first month, and shall set forth as far as the same of the births which have occurred under his or her Commission, the date of birth, the name of the mother, the name of the father, the sex, color, the full name and occupation of its father, if any shall have been ascertained, the date of the birth, the place of birth, the name of the practitioner, and the day of each and every month of the year, and shall be duly signed by the practitioner in the form of a certificate of Health, and the same shall occur without the attendance of a physician or other medical professional person, and shall be signed upon the mother, immediately thereafter, it shall become the duty of the first and last named person or persons to submit the same to the Commissioner of Health, and the same shall be submitted to the Commissioner of Health, in the manner and within the time and above required, and if any person or persons shall neglect or refuse to submit the same as hereinbefore required, he or she shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures shall be submitted to by any person or persons who violate any of the provisions of this act.

Exact Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as follows the name, sex, color, the full name and occupation of its parents, the date and place of its birth, and the date of its registration, and shall deliver the said schedule to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child.* A. 15410
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth *Sept 27 1889*
4. Place of Birth, (Street and Number) *542 Oxford Street*
5. Full Name of Mother, *Maggie Pinkney*
6. Mother's Maiden Name, *Hill*
7. Mother's Birthplace, *Baltimore Street*
8. Full Name of Father, *Devereux Henry Pinkney*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *St Michael County*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Fox County*
- Address, *509 Preston Street*
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be charged with the attendance upon a woman about to deliver, shall keep a true and correct record of each birth which shall be entered on a blank schedule for that purpose, to be provided for that purpose by the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be returned, duly filled, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract from the Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 92

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Mar 4th 89

4. Place of Birth (Street and Number), 1709 Ridgely

5. Full Name of Mother, Emma King

6. Mother's Maiden Name, Casson

7. Mother's Birthplace, Balt

8. Full Name of Father, Chas King

9. Father's Occupation, Carriage

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, M. B. Pillsbury

Address, 1206 E. Preston St

Remarks, _____

RETURN OF A BIRTH L02318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), (X) male

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 14, 1887

4. Place of Birth (Street and Number), 1306 N. 2nd St.

5. Full Name of Mother, Billie Douglas

6. Mother's Maiden Name, Jean

7. Mother's Birthplace,

8. Full Name of Father, Steven A Douglas

9. Father's Occupation, Attorney

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. M. B. B. ...

Address, 286 E. Madison

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under which title he or she may be licensed, shall be and he or she shall be bound to keep a record of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father or the mother shall be bound to report the same to the Commissioner of Health, and to report his birth to the Commissioner of Health, in the manner and within the time and under the penalties provided for by the laws of this State. And be it further enacted and ordained that any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each month, submit to the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH L02319
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant; or other person who makes this Return.

Address,

Remarks,

Section 7. Any person practicing midwifery in the City of Baltimore under whose character certificate is required to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by him or her, and shall be conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be present, the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)..... *White*

3. Date of Birth, August 3 1881

4. Place of Birth, (Street and Number) 1414 Lytle St.

5. Full Name of Mother, Stella R E Rossi

6. Mother's Maiden Name, "Blundell"

7. Mother's Birthplace, Galles, Wales

8. Full Name of Father, Francis O Rose

9. *Father's Occupation,* 1 Dulchur

10. *Father's Birthplace.*..... *Italy*

Name of Medical Attendant, or other person who makes this Return, Shawnee Scott MD

Address, 578 Harrison St. Chicago

Remarks, *9/14 ~~1944~~ 1945*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be given to the practitioner as soon as the same can be ascertained the full name of each child, (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of medicine, he shall be under the duty of the person or persons to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L02321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *Male.*

2. Race or Color (if not of the white race), *Colored.*

3. Date of Birth, *August 9th 89. Friday.*

4. Place of Birth (Street and Number), *Balto. 13 Williamson Alley.*

5. Full Name of Mother, *Christina Harri-day.*

6. Mother's Maiden Name, *Sarah.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James H. Harri-day.*

9. Father's Occupation, *Cyster Shucker and Bick-maker*

10. Father's Birthplace, *Baltimore Maryland.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. J. Johnson.*

Address,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (State whether male or female)

2. *Race or color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Record of Vital Statistics in the City of Baltimore.

Section 75.—And be it further enacted, That every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter thereon the name and date of birth of each child born under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named; the name and occupation of its parents; the date and place of birth; the first name and last name of the father; the date of birth of the mother; the age of the mother at the time of the birth of the said child; the date of delivery; and the day, month and year of the birth of the said child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions herein made are recognizable by law.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.
SECTION 7. And be it further enacted, that the Registrar of the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the Registrar, and shall be retained by him for a period of one month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its delivery, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the child is born, and shall be retained by the Registrar for a period of one month, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Aug. 11th 1889*
4. Place of Birth, (Street and Number) *717 Hanover st.*
5. Full Name of Mother, *Margaret J. Kuhl*
6. Mother's Maiden Name, *" Hainckle*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. Kuhl*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Thos. Cook*
- Address, *914 N. 1st St. Charles*
- Remarks,

WM. J. B. DILANY & CO. CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race).... *White*

3. Date of Birth, Aug. 14th 1889.

4. Place of Birth, (Street and Number) 1022 S. Park st.

5. Full Name of Mother, Mary O. Werner.

6. Mother's Maiden Name, "Hanna" *Hanna*

7. Mother's Birthplace, *Salto.*

8. Full Name of Father, *John S. Werner*

9. *Father's Occupation,* *Piano Maker.*

10. *Father's Birthplace*,... *Caltio*.

Name of Medical Attendant, or other person who makes this Return Therdy G. Drake

Address. 744 N. Main

Remarks

Record of Vital Statistics in the City of Baltimore.
Section 7. - And be it further enacted and ordained that the Registrar of Births in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the Registrar shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th 15419

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, August 21st 1889

4. Place of Birth, (Street and Number) 324 E. Hamburg

5. Full Name of Mother, Catharine A Link

6. Mother's Maiden Name, Catharine A. Musshaw

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gen Edw. Loring

9. Father's Occupation, Grain Merchant

10. Father's Birthplace, Mass

Name of Medical Attendant, or other person who makes this Return. Shepard Cooke

Address, 714 N Charles St

Remarks, _____

WM J. O. MULANY & CO., CITY PRINTERS AND STATIONERS

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on said schedule, to be furnished by the City of Baltimore, within one month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the City of Baltimore, on or before the third day of each and every month of the year, or the first day of the month following the month in which the birth of any child attended upon by the midwife, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

L02327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15421

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *August 27th 1889*
 4. Place of Birth, (Street and Number) *809 N. Calhoun st.*
 5. Full Name of Mother, *Eliza J. Martin*
 6. Mother's Maiden Name, *White*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Geo. A. Martin*
 9. Father's Occupation, *Drummer*
 10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return. *Shirlock M.D.*
- Address, *914 N. Charles St.*
- Remarks,

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.
SECTION 7.—And be it further enacted and ordained that every person who shall deliver a child in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep and maintain a record of the same, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the name and occupation of the practitioner in the form of a certificate between the first and third day of each month, and shall sign the same, and shall deliver the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15422

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (State whether male or female) *Female.*
 2. Race or color, (if not of the white race) *White.*
 3. Date of Birth, *Aug. 28th, 1889.*
 4. Place of Birth, (Street and Number) *1718 N. Calhoun st.*
 5. Full Name of Mother, *May C. Meyer.*
 6. Mother's Maiden Name, *Peterson.*
 7. Mother's Birthplace, *Balto.*
 8. Full Name of Father, *James M. Meyer.*
 9. Father's Occupation, *Professor Dialu.*
 10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return, *Thos. Coore*
- Address, *714 E. Chas. Chas.*
- Remarks,

SECTION 7.—And be it further enacted, and it is the will of the people of Baltimore under whose charge or superintendence a birth shall hereafter take place, that the said birth shall be duly registered, and the name of the child, the name of the mother, the sex, color, the date of birth, the month, and shall set forth as far as the same can be ascertained, by the Commissioner of Health. The said certificate shall be signed by the practitioner of midwifery, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the last day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the practitioner of surgery, or should no such person be in attendance upon the mother, immediately thereafter the practitioner of Health, in the manner and within the period above recited, shall report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH* L02329
GIVEN NAME ADDED 7-7-54
CERTIFICATE CORRECTED 8-6-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 15423

1. Sex, (State whether male or female). Male.
2. Race or color, (if not of the white race). White.
3. Date of Birth, August 28th 1889.
4. Place of Birth, (Street and Number) 1434
5. Full Name of Mother, Ella R. (Harman) Harman
6. Mother's Maiden Name, " " Weyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. W. (Harman) Harman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other person who makes this Return, J. W. Corkin, M.D.
Address, 714 1/2 St. East
Remarks,

SECTION 7.—And he it further enacted and established, That any person practicing midwifery in the City of Baltimore, who shall hereafter take upon him or herself to deliver any child, shall be liable to be fined or imprisoned, or both, at the discretion of the Court of the City of Baltimore, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 31 20 1899*

4. Place of Birth, (Street and Number) *106 N. Gilman*

5. Full Name of Mother, *Lula E. Morgan Campbell*

6. Mother's Maiden Name, *Winfall*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *John A. Campbell*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return, *Amman F. Hill*

Address, *1401 N. Fayette St.*

Remarks, *I found this blank among some papers I had failed to mail it.*

Record of Vital Statistics, Baltimore City
Section 7.—And be it further enacted, that every practicing midwifery in the City of Baltimore under whose charge or supervision a child is born, shall be bound to fill out and forward to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subject to a fine of ten (10) dollars for each official neglect, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

L02331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child, 1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 30* *1890*
4. Place of Birth, (Street and Number) *Barrett Street N. 1716.*
5. Full Name of Mother, *Anna Stambach*
6. Mother's Maiden Name, *Anna Myer*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *James Wenzel Myer*
9. Father's Occupation, *Prussia*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other person who makes this Return, *Mary Gangelik*
- Address, *E. Eager Street C. 2030.*
- Remarks,

RETURN OF A BIRTH AL02332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 64

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. H.

3. *Date of Birth* Jan. September 1790

4. Place of Birth, (Street and Number) Lincoln St. No. 129

5. Full Name of Mother, Elisbeth Benson

6. Mother's Maiden Name, *Boasine*

7. Mother's Birthplace, Germania

8. Full Name of Father, *Charles Benjamin*

9. Father's Occupation, Bank Clerk

10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, .

Address, Maroline Smiley Fort Hall No 434

Remarks,

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *collard*
3. Date of Birth, *31 January 1892*
4. Place of Birth, (Street and Number) *poers alley 1451*
5. Full Name of Mother, *Anna Smith*
6. Mother's Maiden Name, *an nie an our sorr*
7. Mother's Birthplace, *calbert county*
8. Full Name of Father, *george armison*
9. Father's Occupation, *labring work*
10. Father's Birthplace, *calbert County, Md*
Name of Medical Attendant, or other person who makes this Return, *Mrs Sarah Bramlins*
Address, *1610 Vincent*
Remarks,

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Reynolds

Address, 440 1610 Vincent

Remarks,

[illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be licensed by the Board of Health, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule provided for that purpose by the Board of Health, and shall file the same with the Board of Health, and shall be subject to the inspection of the Board of Health, and shall be liable to the penalty provided for in the act to amend the act relating to the practice of midwifery, passed at the regular session of the General Assembly of the State of Maryland, in the year one thousand eight hundred and eighty-two, in case of failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *colored*

3. Date of Birth, *22*

1892

4. Place of Birth (Street and Number), *673 archard st*

5. Full Name of Mother, *Sarah Bams*

6. Mother's Maiden Name, *Sarah Bams*

7. Mother's Birthplace, *Saint Marys loc*

8. Full Name of Father, *Will Beachor*

9. Father's Occupation, *waiter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs Francis Walker*

Address, *923 N. Yate St*

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Registrar of Vital Statistics, at the office of the Board of Health, at the City Hall, Baltimore, at the expiration of each month, and shall also submit to the Registrar a list of the births which have occurred under his or her management during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and every practitioner of midwifery who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 102335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 11 Oct. 1892

4. Place of Birth (Street and Number), Sparrows Pt. Md.

5. Full Name of Mother, Annie Lee

6. Mother's Maiden Name, Annie Dennis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Lee

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Frances B. Rice

Address, Sparrows Point

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician or midwife, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, the date of its birth, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife attending the birth, and shall forward the same to the Commissioner of Health, on or before the third day of each month, to be by him filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or other person be in attendance upon the mother, shall report its birth to the Commissioner of Health, on or before the third day of each month, and shall comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered by the Commissioner of Health, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kind

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 November 1892

4. Place of Birth, (Street and Number) Longaster st. 1429

5. Full Name of Mother, Roxarie JanKovic

6. Mother's Maiden Name, Roxarie Pacino

7. Mother's Birthplace, Osteraich

8. Full Name of Father, Frank JanKovic

9. Father's Occupation, Gartner

10. Father's Birthplace, Osteraich

Name of Medical Attendant, or other person who makes this Return, Morie Petl

Address, L. Bond st. 838

Remarks, _____

Record of Vital Statistics in the City of Baltimore

L02337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6th*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29 1911

Place of Birth, (Street and Number) Colington Ave 1820

5. Full Name of Mother, Esther Price

6. Mother's Maiden Name, Christine Overholser

7. *Mother's Birthplace, Germany*

8. Full Name of Father, Felix Brice

9. *Father's Occupation.* Beer Drinker

10. *Father's Birthplace.* *Germany*

Name of Medical Attendant, or other person who makes this Return. Mr. Burns

Address, 1688 N. Chester St. Bel Air

Remarks.

Record of Vital Statistics in the City of Baltimore.

CERTIFICATE CORRECTED 8-5-58

Name: Reuben Flax

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... 2. October 189
4. Place of Birth, (Street and Number)..... 1424 Diamond av,
5. Full Name of Mother, Jenny Flax Jenny Flax
6. Mother's Maiden Name, Emma
7. Mother's Birthplace, Europa (Prussia)
8. Full Name of Father, John Flax (Father)
9. Father's Occupation, ~~Teacher~~ Europa
10. Father's Birthplace, Europa Lima, Peruvian
- Name of Medical Attendant, or other person who makes this Return,..... 1125 Pratt Str
- Address,.....
- Remarks,.....

DOCUMENTS ACCEPTED AS SUPPORTING EVIDENCE

| | |
|--|-------------------------|
| 1. Affidavits of
Registrars authorized
by SMN. | To change
From
to |
| 2. | To change
From
to |
| 3. | To change
From
to |

Name of applicant Reuben N. Lay
 Address 5813 Highland Ave. Balt. Md.
 Evidence returned 8-8-58 by ANN

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall enter the same on the schedule provided for that purpose, and shall, within one month after the birth, forward the same to the Registrar of Births, who shall be authorized to examine the same, and if found correct, shall be returned to the midwife, and if found incorrect, shall be returned to the Registrar of Births, who shall be authorized to require the midwife to correct the same, and if she fails to do so, she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 Oct. 1892

4. Place of Birth, (Street and Number) 1839 Sharp St.

5. Full Name of Mother, Anna Anton

6. Mother's Maiden Name, Frankenstein

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Anton

9. Father's Occupation, Cutter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cal St.

Remarks,

RETURN OF A BIRTH. LC2340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 16th

4. Place of Birth, (Street and Number). No. 1118 Ashland St.

5. Full Name of Mother, James Tremaine

6. Mother's Maiden Name, Mary Stock

7. Mother's Birthplace, St. Mary County, Md.

8. Full Name of Father, Henry L. Hamm

9. Father's Occupation..... Teaching Work

10. Father's Birthplace, St. Mary, P. M.

Name of Medical Attendant, or other person who makes this Return. Henry C. [illegible]

Address, 209 W Creston Street

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule forms provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the name and occupation of its parents, the date and place of birth, (if any shall have been conferred) the date and place of delivery, and the name of the physician or midwife attending. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in such attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Kind
1. Sex, (state whether male or female) Knobles
2. Race or Color, (if not of the white race) 15 October 1892
3. Date of Birth, 206 E. Peter Street
4. Place of Birth, (Street and Number) Beth Rosenberg
5. Full Name of Mother, Fr
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, Rosenburg
8. Full Name of Father, Hantwerker
9. Father's Occupation, Europa
10. Father's Birthplace, Lina Handler
- Name of Medical Attendant, or other person who makes this Return, 1125 E. Pratt Str
- Address, _____
- Remarks, _____

A L02342

Mollie Ada Siegmund
No. of Child of Mother (state whether 1st, 2nd, 3rd, etc.)

1. Sex, (state whether male or female)..... *female*

2. Race or Color, (if not of the white race) Black

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother, Lucy A. Higgins

7. Mother's Birthplace, Ball

9. Father's Occupation.....Shoe M.

Name of Medical Attendant, or other person who makes this Return..... *Dr. J. H. Smith*

Address, GREEN HAVES LODGE 2 12 51

Remarks, GIVEN NAME ADDED. 3-17-53.

.....

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L02343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race*3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father*9. *Father's Occupation*

0. *Father's Birthplace*

Name of Medical Attendant, or other person who made this Return

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, and who is charged with superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth that shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the mother, the name of the child, the date of the birth, the sex, and shall set forth as far as the same can be ascertained the full name of the child, the date of the birth, and the place where the child was born, and the name of the practitioner of the midwifery, and the name of the physician or practitioner of midwifery, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE OF CAMERA OPERATOR

I hereby certify that the documents represented by the micrographics appearing on this roll of film designated as Reel No. CR 77,464 were photographed by the undersigned on this date. LO1819-LO2343

Reel begins with 1875

Reel ends with 1896

By RONALD Doyle

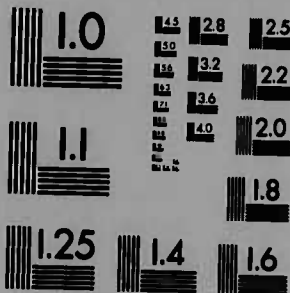
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